

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

6

Horval Wilson Adams

CERTIFICATE OF DEATH

Died at		Town	Road	County	MARYLAND	
P. G. Co. Md.		Slyo Hill		Prince George	5	4
Date of death	1909	Month April	Day 14	Years Age 60	Months	Days
Sex	Male	Color or Race	White	Birth-place	Harpers Ferry	
Occupation	Machinist	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Addie	Father's Name	Chs. Co. Md.	
Mother's Maiden Name	Alice Olivia Longdon	Mother's Birthplace	D. C.	Father's Birthplace		
Name of person giving information	Jesse Lee Adams Jr.	How related to deceased	Nephew	How long		

CAUSES OF DEATH

64

Primary Cerebral Haemorrhage

How long

Immediate Exhaustion.

How long

60 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

I. Leedams  
Takoma D.C.

Accident or Suicide?

L.M. Moore,  
Registrar, Takoma  
Park, Montgomery  
Co. Md.

Name  
in  
Full

George Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Cheltenham</u>		Town	Pr <u>Geo</u>	County	MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>15</u>	Age <u>74</u>	Years	Months <u>6</u>	Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place	<u>Md</u>	
Occupation <u>watchman</u>			Where Residing if not at place of death			
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband					
Father's Name <u>not known</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>Baltimore</u>					
Name of person giving Information <u>John B. Pyles</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

93

How long

11 days

How long

1 day

Primary

Pneumonia

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

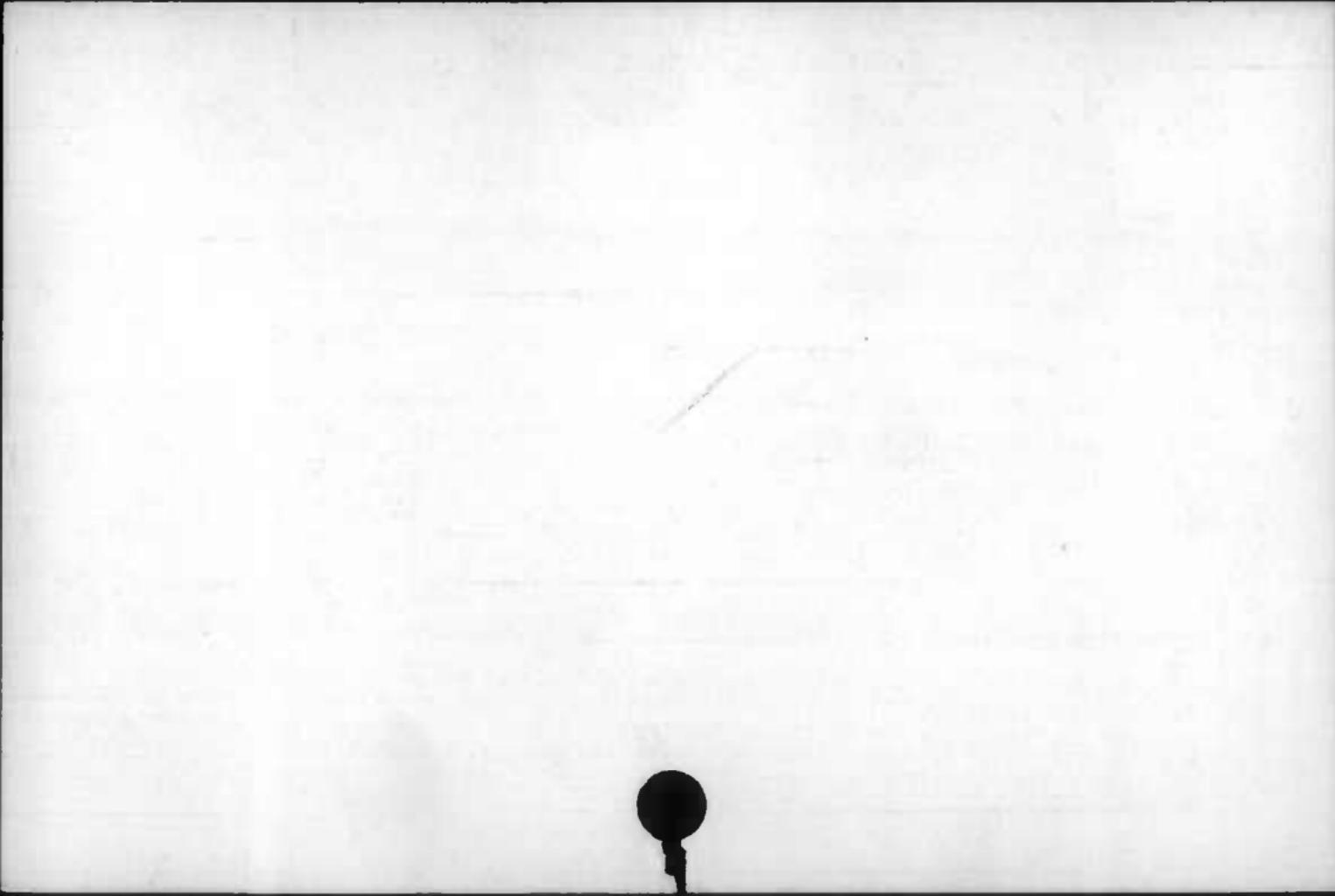
Yes

Signature of Physician

Address

W.H. Gibbons  
1 Crown Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Jim Aniger				
Father's Name	Garroll					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving information	James Aniger					How related to deceased

CAUSES OF DEATH

179

How long

3 mos.

How long

PHYSICIAN  
OR CORONER

Primary  
Not known

Immediate " "

Are the name, age, sex, color, date and place correctly given above?

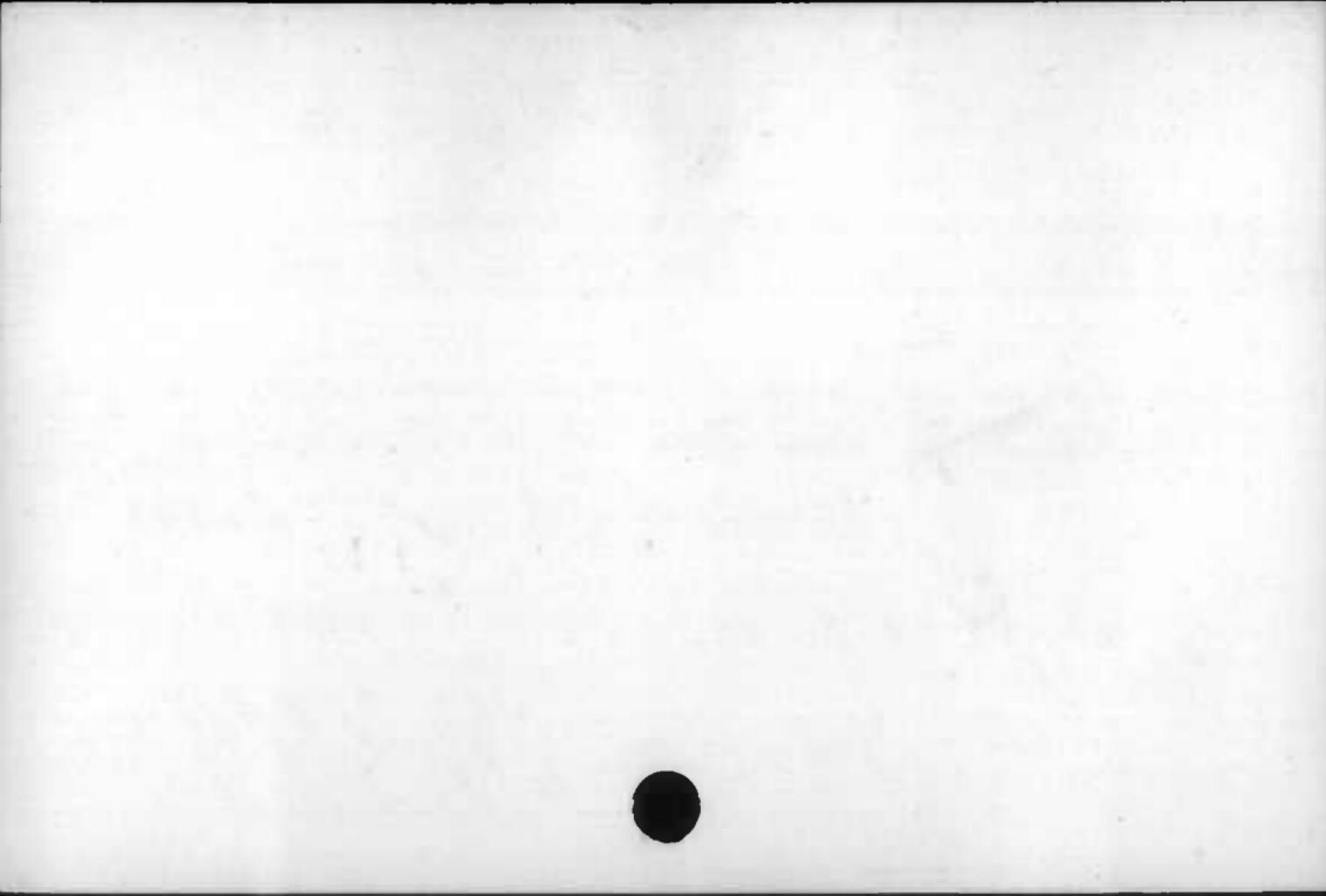
Yes  
no physician was in attendance.

Signature of Physician

Address

E. D. Kurr  
Succataway  
Md.

Accident or Suicide?



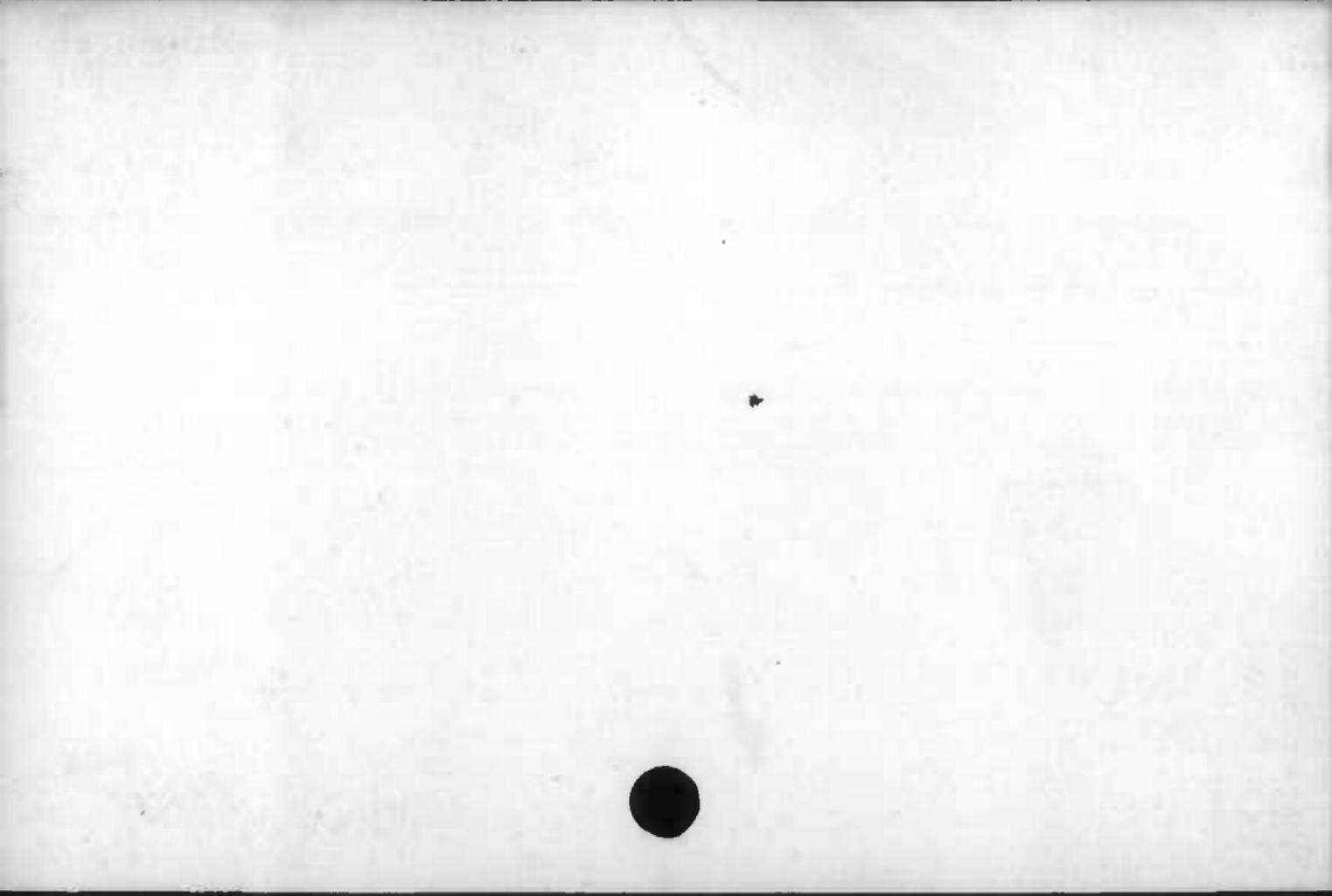
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month April	Day 20th	Years Age 76	Months 5	Days 20
Sex	Male	Color or Race	White	Birth-place Marlboro Md		
Occupation	Retired Farmer		Where Residing if not at place of death Laurel Md			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Emma Heath			
Father's Name	John Thomas Berry		Father's Birthplace	Marlboro Md		
Mother's Maiden Name	Ann Sophia Smith		Mother's Birthplace	St Georges Co.		
Name of person giving information	Mary H Berry		How related to deceased	Daughter		

## CAUSES OF DEATH

10

Primary	Chronic Bronchitis from Grippe		How long	Two Years
Immediate	General Debility, Heart Failure		How long	Ten days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	John Cromwell
Yes				Laurel Md
Accident or Suicide?				



Name  
in  
Full

Benj Dudley Bird

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Leeland

Town

County

MARYLAND

Month

Day

Years

Months

Days

Date of death 1909 Apr

12

30

3

Age

Sex Male

Color or  
Race

white

Birth-  
place

near Leeland

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Benj D. Bird

Father's  
Birthplace

A. A. Co. Md

Mother's  
Maiden Name

Hodges

Mother's  
Birthplace

A. Geo Co. "

Name of person giving  
Information

Mrs. Marie Bird

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Typhoid fever.

1

How long

8 weeks.

Immediate

Sl. L. J. ff. h.  
Upper Marlboro,  
Md

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Accident or Suicide



Name  
in  
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month June	Day 12	Years 46	Months	Days
Sex	Male	Color or Race	Colored		Birth-place Md	
Occupation	Teamster		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John A Brown			Father's Birthplace	Md	
Mother's Maiden Name	Jane Jackson			Mother's Birthplace	Md	
Name of person giving Information	William Brown			How related to deceased	Son	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

How long

2 years

Immediate

Chronic

How long

2 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Gibbs  
Brown Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

4

Primary

Measles.

6

How long

3da

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John C. Samsbury M.D.  
Forestville, Md.

Accident or Suicide

neither

CERTIFICATE OF DEATH

MARYLAND

Died at	Largo		Town	County	O. Co.	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female		Color or Race	Colored	Birth-place	Md.
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	—		
Father's Name	Chas. Edw. Clark		Father's Birthplace			
Mother's Maiden Name	Anna Brown		Mother's Birthplace			
Name of person giving information	Chas. Edw. Clark		How related to deceased			

CAUSES OF DEATH

Md.

Md.

Md.

Father

3da

How long

How long

How long

How long

charley Berrie's

Lewis Cook

Name  
in  
Full

Arthur Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Upper Marlboro</u>		Town	County <u>P. G.</u>	X		
Date of death <u>1909</u>	Month <u>4</u>	Day <u>15</u>	Age <u>—</u>	Years <u>—</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Pesles and</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John Chew</u>	Father's Birthplace <u>P. G. Co and</u>					
Mother's Maiden Name <u>Sophie Cole</u>	Mother's Birthplace <u>St. Mary Co and</u>					
Name of person giving information <u>Frank Cole</u>	How related to deceased <u>Grandfather</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Don't know</u>	179	How long <u>2 weeks</u>
Immediate <u>Don't know</u>	How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. E. Rosenbluth</u>	Address <u>Sub Register</u>
Accident or Suicide? <u>—</u>	<u>Upper Marlboro and</u>	



Name  
in  
Full

Marie A. Crosby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Woodmore</u>		Town	<u>P. S.</u>		County	X	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>13</u>	Age <u>76</u>	Years <u>76</u>	Months	MARYLAND Days	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Chestertown</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>-</u>						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Marie A. Crosby</u>		Father's Name <u>John S. Slay</u>		Father's Birthplace <u>Md.</u>		
Father's Name <u>John S. Slay</u>	Mother's Maiden Name <u>Not known</u>		Mother's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Not known</u>	How related to deceased <u>Mother</u>						
Name of person giving information <u>Norman Beckett</u>							

CAUSES OF DEATH

79

How long

Several months

How long

-

PHYSICIAN  
OR CORONER

Primary

Asthma with cardiac and cerebral complications

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Ys

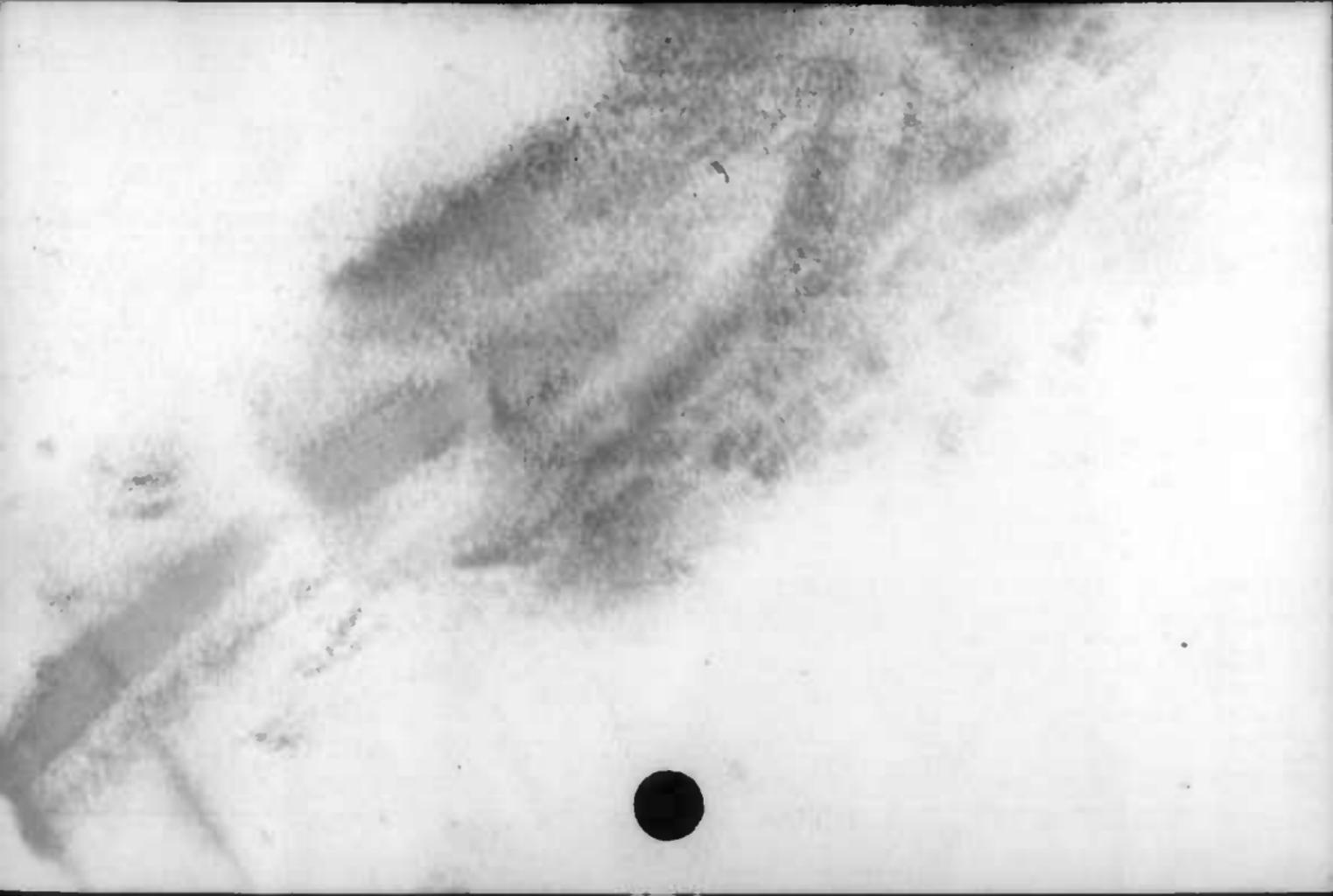
Signature of  
Physician

Address

Franklinwall Dr. 19  
Springfield Md.

12

Accident or Suicide?



Name  
in  
Full

Benj Dockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		X	
Died at Dunn Anne		P. W.		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	4	22	4	6	
Sex	Male	Color or Race	Colored	Birth-place	Md
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Benj Dockett				
Mother's Maiden Name	Phoebe Spencer				
Name of person giving information					

Primary

Tuberculosis of Mesentery

29

How long

8 mrs.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

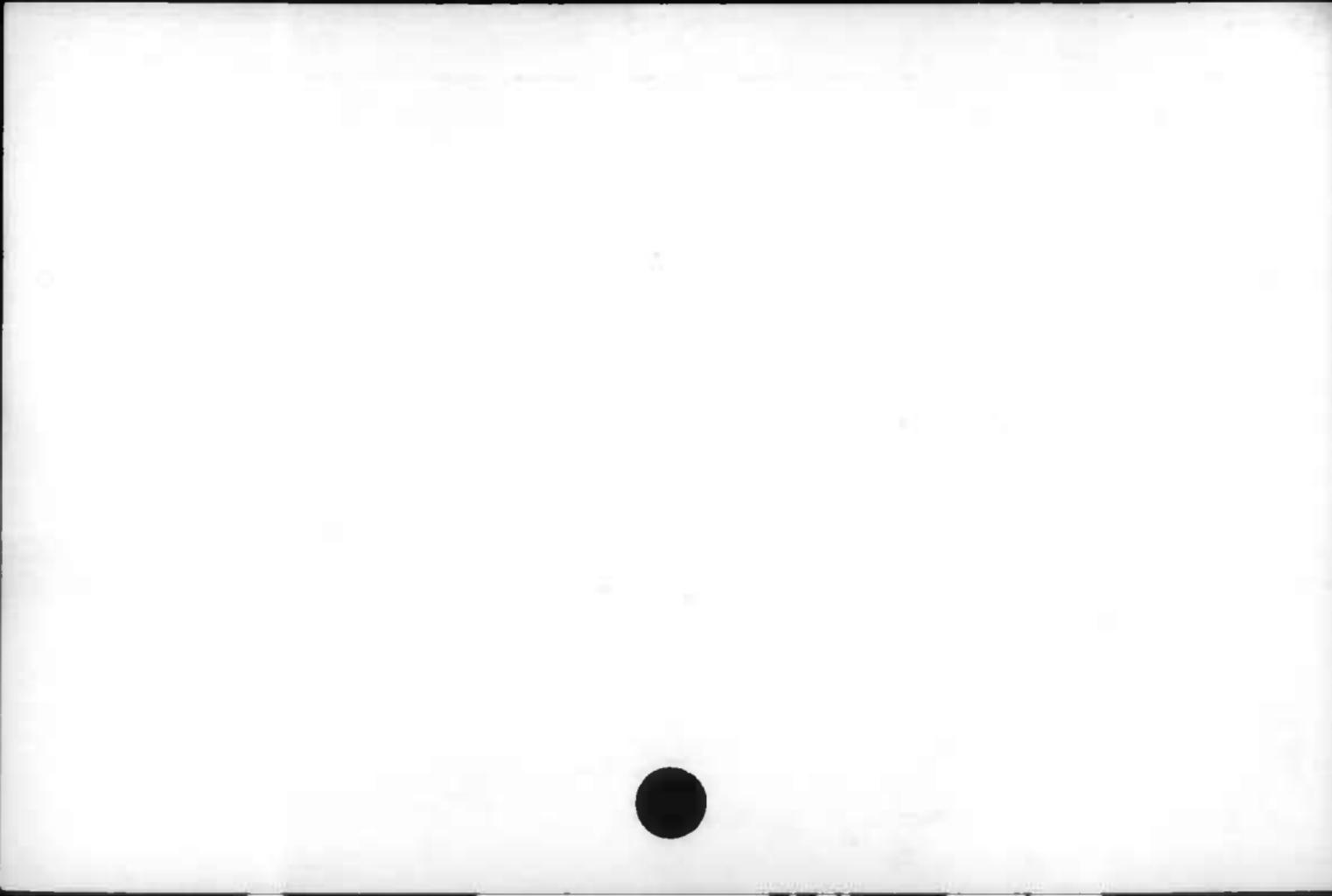
Signature of Physician

Address

J. F. R. Dufour  
Mitchellville  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

George T. Donaldson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Cou	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male.	Color or Race	Age	49.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Oak Crest		
Father's Name	George W. Donaldson		Father's Birthplace	A.A. Co.	
Mother's Maiden Name	Miss Duval		Mother's Birthplace	Muckair	
Name of person giving Information	George Gable		How related to deceased	Hif son.	

CAUSES OF DEATH

44

PHYSICIAN  
OR CORONER

Primary

Carcinoma of liver

Immediate

Are the name, age, sex, color, date and place correctly given above?

W

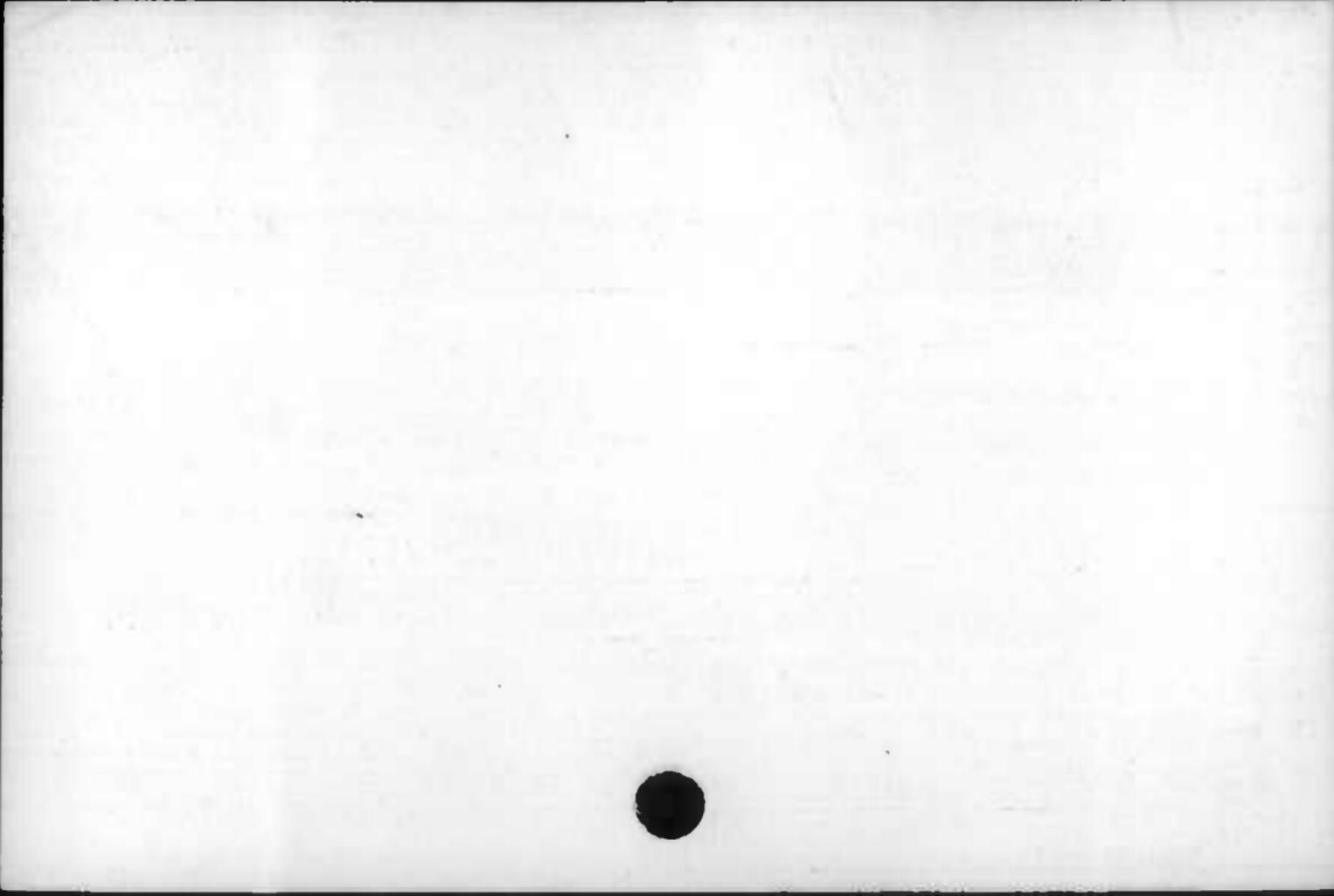
Signature of Physician

Address

Dr. Basye  
Basye and Son

Accident or Suicide?

W



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie R. Dorsey

CERTIFICATE OF DEATH

Died at <u>Tanee</u>		Town <u>Price</u>		County <u>Prince George</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>April</u>	Day <u>24</u>	Age <u>70</u>	Years <u>6</u>	Months <u>0</u>	Days <u>0</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>		Where Residing if not at place of death <u>Tanee</u>				
Occupation <u>Retired</u>								
Married <u>Yrs</u> or Widowed	Name of Wife or Husband <u>Annie Dorsey</u>							
Father's Name <u>Unknown</u>					Father's Birthplace			
Mother's Maiden Name <u>Caroline Turner</u>					Mother's Birthplace		<u>Md</u>	
Name of person giving information <u>Ann H. Dorsey</u>					How related to deceased		<u>Son</u>	

CAUSES OF DEATH

120

Primary chronic Bronchitis

How long

over year

Immediate General Debility

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yis

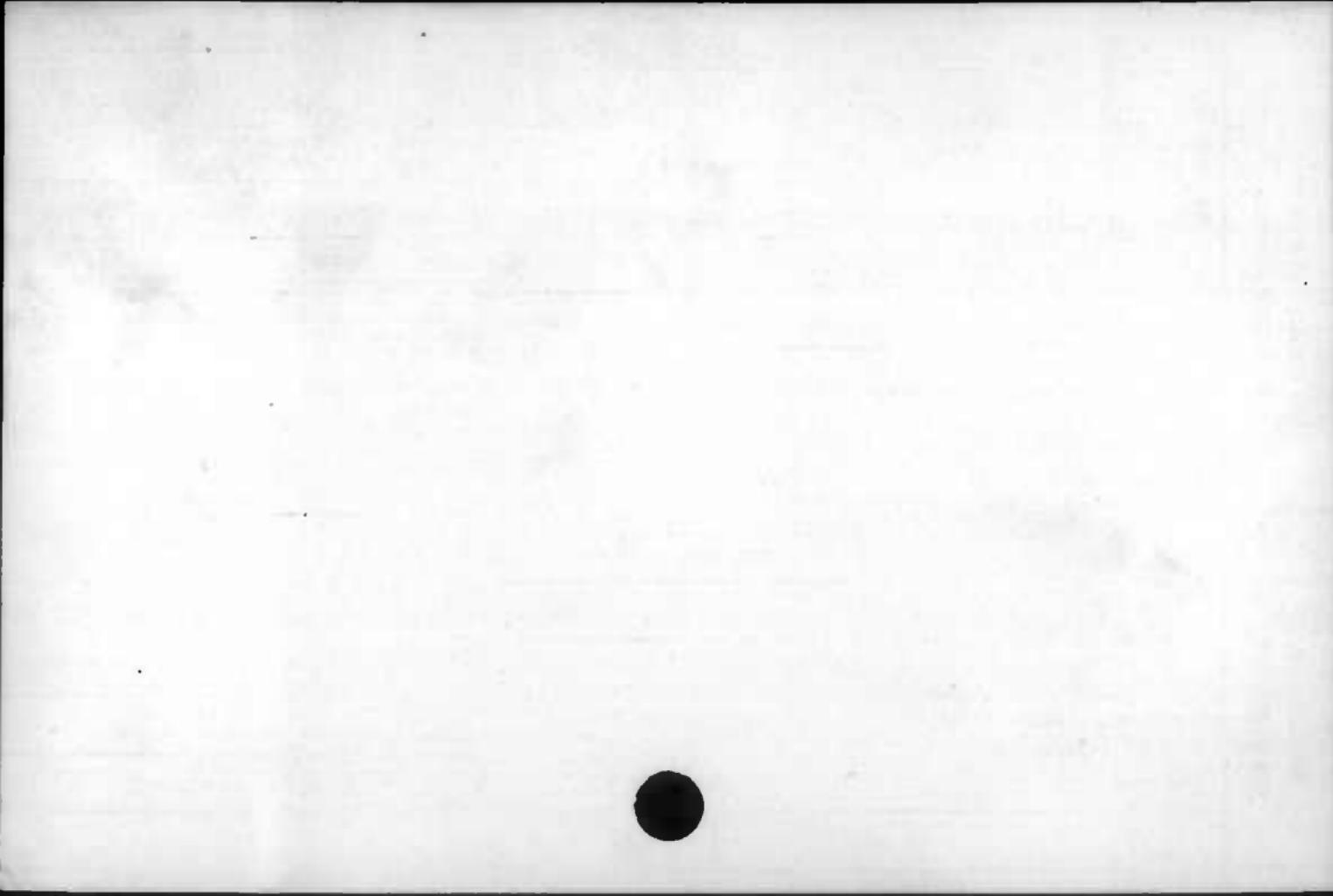
Signature of Physician

Address

W. Taylor 2110

Tanee Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

~~Barber~~

Eva Douglas

CERTIFICATE OF DEATH

Died at <u>Baden</u>		Town	County <u>Prince George</u>		MARYLAND	
Date of death <u>Apr 9</u>	Month <u>4</u>	Day <u>—</u>	Age <u>16</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>				
Occupation <u>House Work</u>	Where Residing if not at place of death <u>at home</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Henry Douglas</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Rebecca Drivir</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Jos. Gant</u>	How related to deceased <u>none</u>					

27

CAUSES OF DEATH

Primary <u>Consumption</u>	How long <u>one year or possibly longer</u>
Immediate <u>Hemorrhage</u>	How long <u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Address
Accident or Suicide?	



Name  
in  
Full

Margaret A. Duley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Diad et Duley

own

County

Date of death 1909

Month

Day

Years

Days

April

21

78

Age

Sex Female

Color or  
Raca

White

Birth-  
place

And

Occupation

None

Whara Raslding if not  
at place of death

Marriad, Single  
or Widowed

widow

Name of Wife or  
Husband

Enoch G. Duley

Father's  
Birthplace

Ind

Father's  
Name

Johy M. Samsbury

Mother's  
Birthplace

Ind

Mother's  
Meiden Name

H. Ann Fowler

How related  
to deceased

son

Name of person giving  
Information

A. B. Duley

CAUSES OF DEATH

Primary

Pneumonia

93

How long

4 days

Immediate

Asphyxia

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

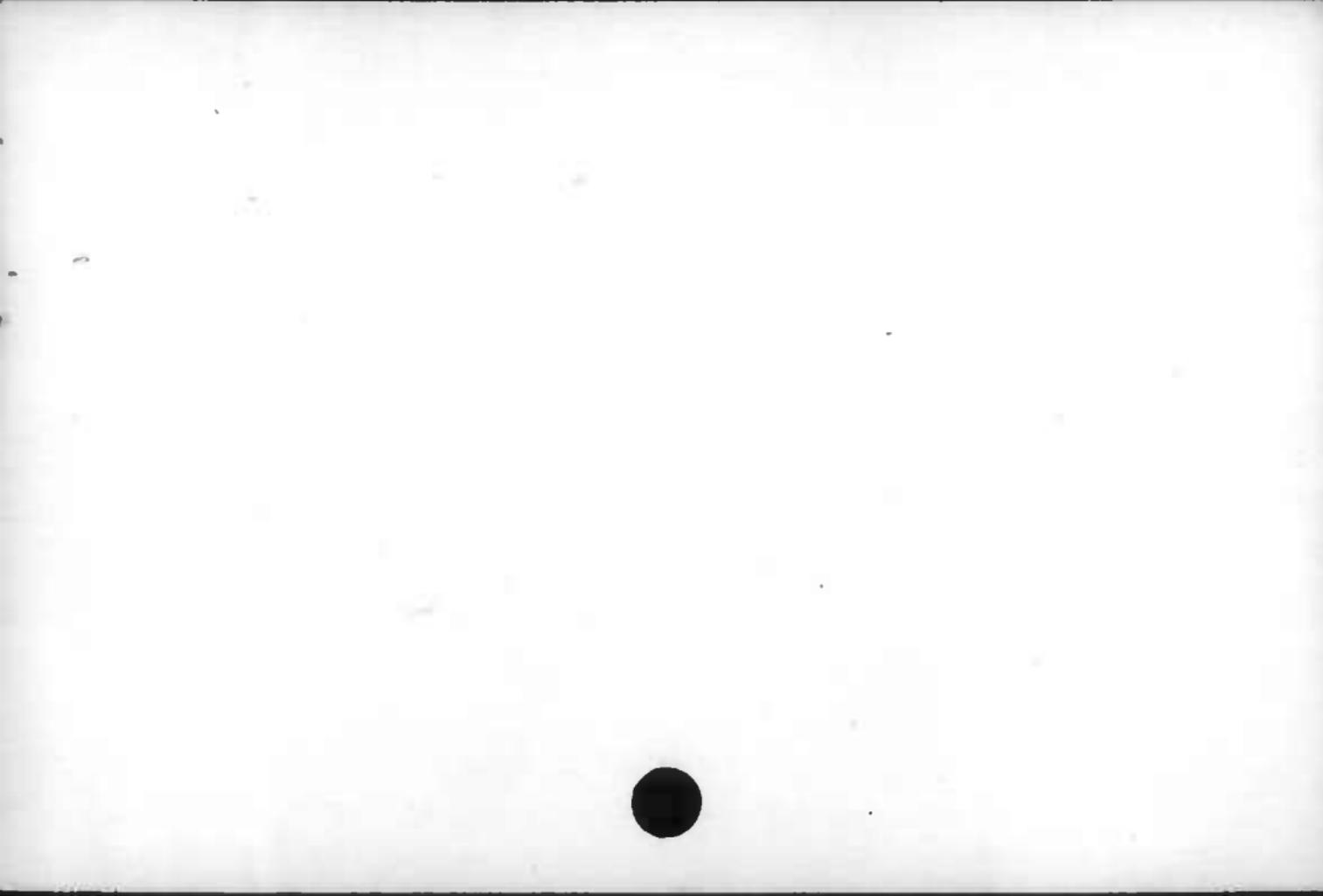
Yes

Signature of  
Physician

Address

Ed. F. Gibbons  
Crown and

Accident or Suicida



Name  
in  
Full

Mary Jane Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sax	Color or Race	Age			
Occupation	Where residing if not at place of death			Birth-place	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Johnie Fletcher			Father's Birthplace	Md.
Mother's Maiden Name	Mary Eggy			Mother's Birthplace	Md.
Name of person giving information	Johnie Fletcher			How related to deceased	Father

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Teathing.

87

How long

Immediata

Cold

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

Neither

John E. Garrison  
South Hill  
Md.

Frank Wood  
Marlboro

Name  
in  
Full

Effie M Gray X  
Town County  
Died at Gorstville Bruce George  
Date Month Day Years Months Days  
of death 1909 4 29 Age 25 - -  
Sex Female Color or Race White Birth-place Md

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single  
or Widowed

Name of Wife or  
Husband

Where Residing if not  
at place of death

Father's  
Name

Married William Gray

Father's  
Birthplace

Mother's  
Maiden Name

Elijah Bench

Virginia

Name of person giving  
Information

Amazada Diven

Md

Robert Boone

Mother's  
Birthplace

How related  
to deceased

27

CAUSES OF DEATH

Primary

Grippe

How long

2 months

Immediate

Tuberculosis

How long

6 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

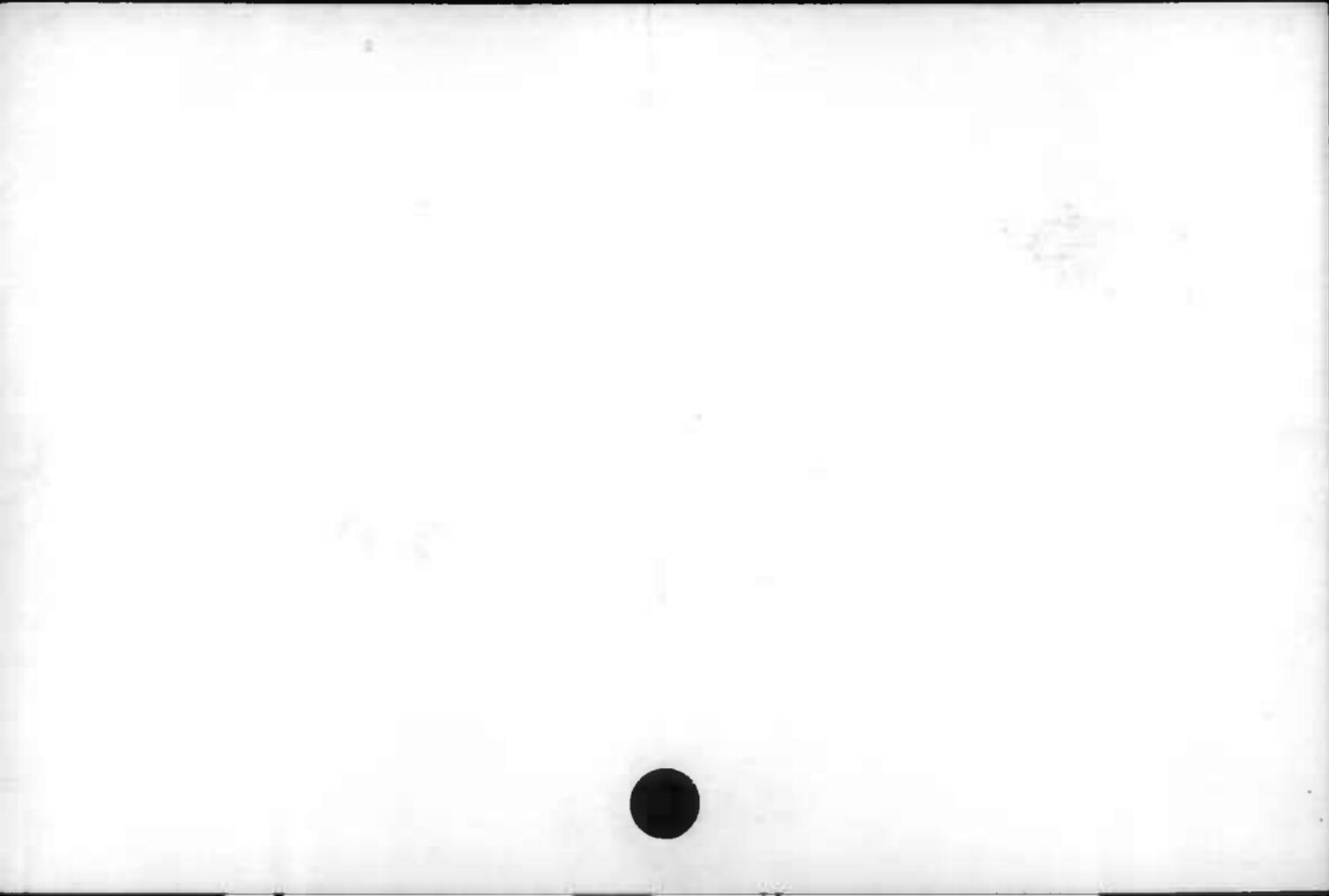
Address

John E Gausbey  
Gorstville  
Md

Accident or Suicide

needles

PHYSICIAN  
OR CORONER



Name  
in  
Full

David J. Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Westphalia</b>		Age <b>79</b>	County
Date of death <b>1909</b>	Month <b>Apr</b>	Day <b>16</b>	Years <b>79</b>
Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>Va.</b>	Months
Occupation <b>Farmer</b>	Where Residing if not at place of death <b>-</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Ruth - Harmon</b>	Father's Birthplace <b>Va</b>	Days
Father's Name <b>Solomon Harmon</b>	Mother's Birthplace <b>Va</b>	Mother's Maiden Name <b>Harmon</b>	How related to deceased <b>Son</b>
Name of person giving Information <b>CH Harmon</b>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Malaria & heart disease**

4

How long

**5 days**

Immediate

Are the name, age, sex, color, date and place correctly given above?

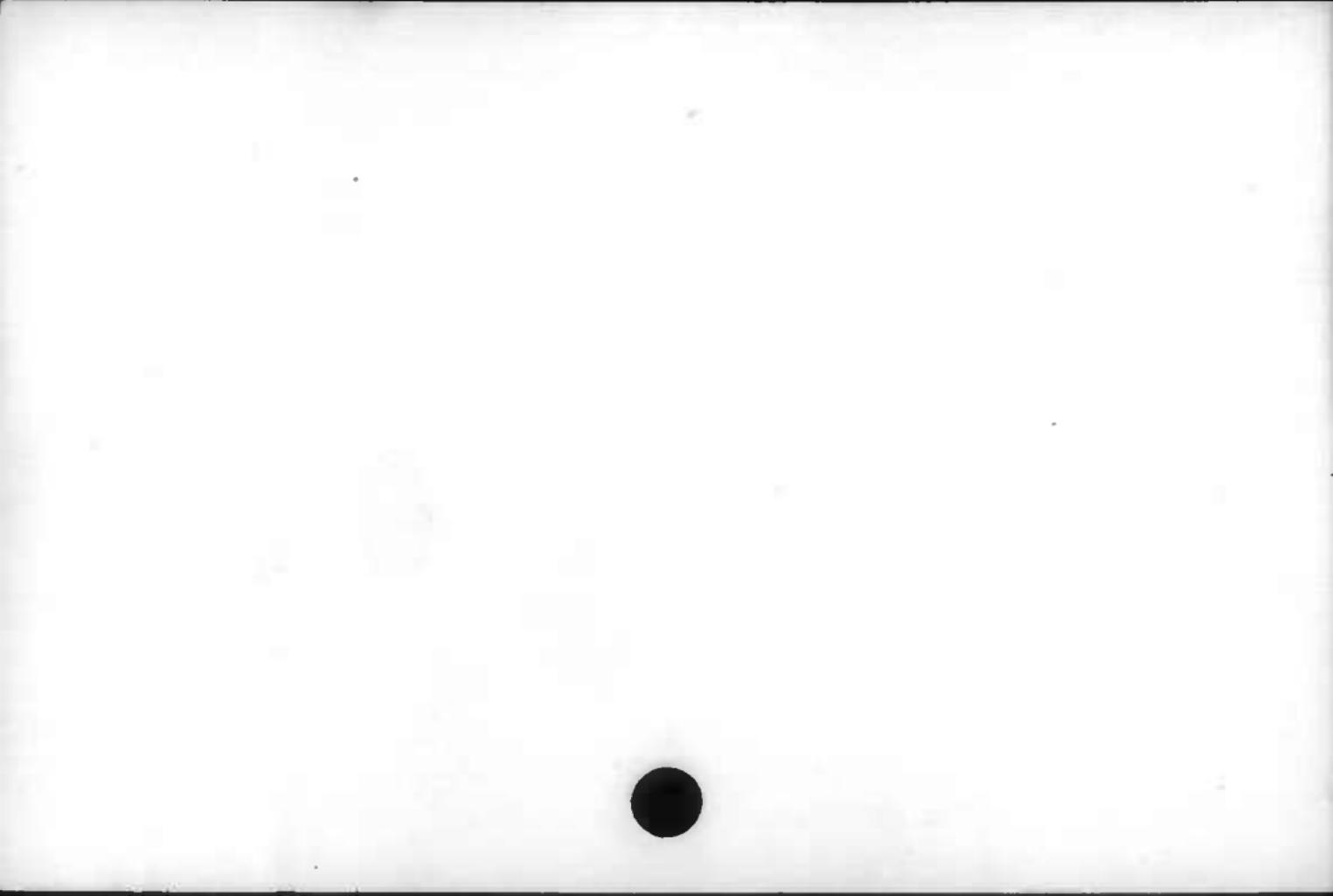
**yes**

Signature of Physician

Address

**Lehigh  
Upper Main St**

Accident or Suicide



Name  
in  
Full

Frances A. Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Year	Month
1909	47	6	33	Daya
Sex	Color or Race	Age	Birth- place	
Female	Colored	33	Md.	
Occupation	Where Residing if not at place of death			
House				
Married, Single or Widowed	Name of Wife or Husband	Daniel Henson		
Thomas L. Hawkins		Md.		
Father's Name	Mother's Birthplace			
Mother's Maiden Name	Md.			
Mary P. Newman	How related to deceased			
Name of person giving Information	Husband			
Daniel Henson				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Valvular Heart Lesio

79

How long

Immediate

Circulatory failure

How long

Are the name, age, sex, color, data  
and place correctly given above?

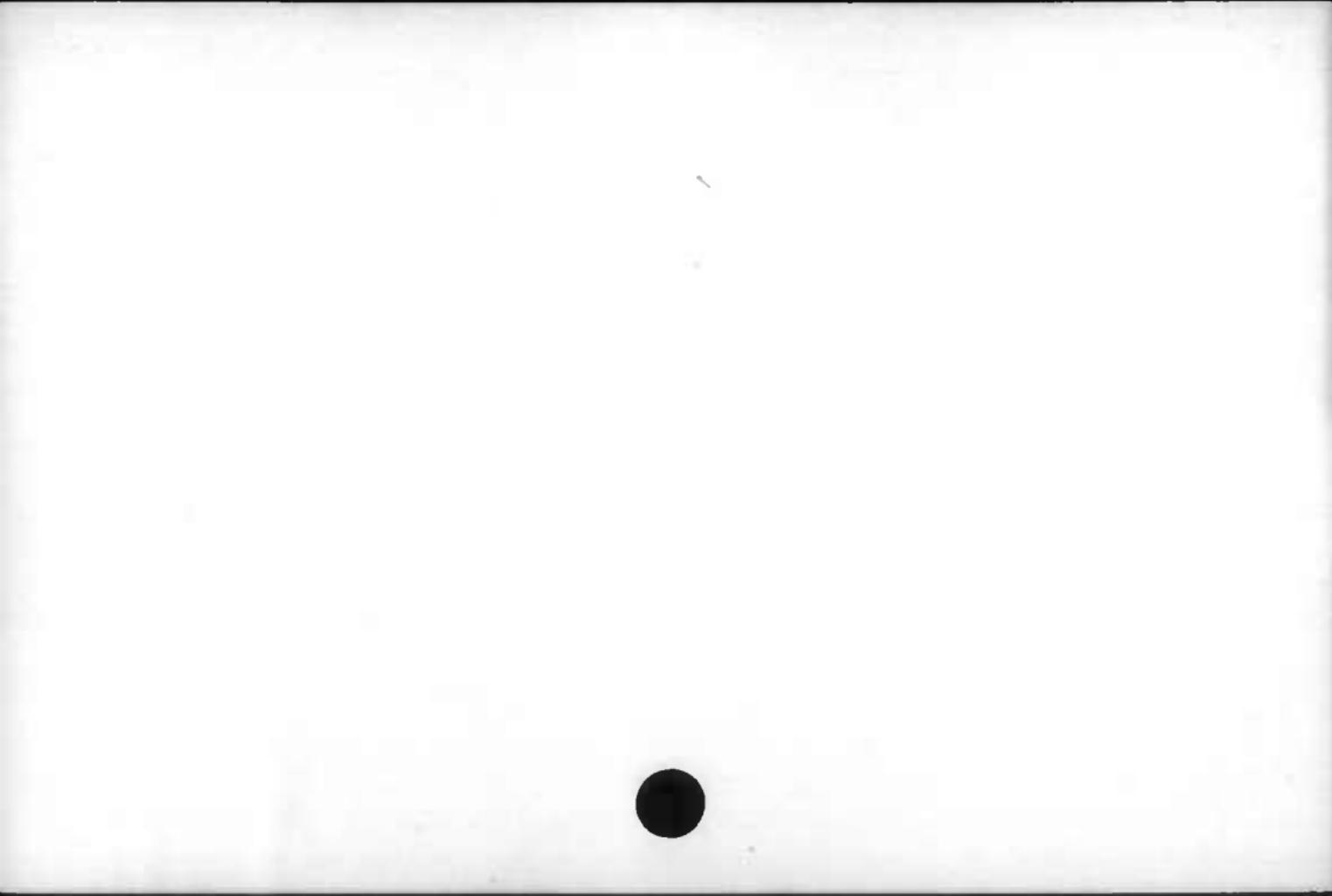
yes

Signature of  
Physician

Address

E.P. Simpson  
Rosedale, Md.

Accident or Suicide



Name  
in  
Full

Charles Henry Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	North Key	Town	Dr. G. S.	County		
Date of death	1909	Month	22	Day	Years	Month
Sex	Male	Color or Race	Calvin	Age	77	Days
Occupation	Farming	Where Residing if not at place of death				Birth-place
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown			
Father's Name	Thomas Halland					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving Information	Oscar Halland					How related to deceased

CAUSES OF DEATH

Primary

Cardiac Dilatation

79

How long

Several months

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Gibbons

Crown Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

George Washington Hutchinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ritchie Town P. S. 6-2 County  
Date of death 1909 Month April Day 16 Years  
Sex Male Age 2 Months  
Occupation None Birth-place Md  
Color or Race White  
Where residing if not at place of death  
Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Edward Hutchinson Father's Birthplace Md  
Mother's Maiden Name Effie V. Simpson Mother's Birthplace Md  
Name of person giving Information Edward Hutchinson How related to deceased Father

CAUSES OF DEATH

151

Primary

Weakness & Marasmus

Since birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

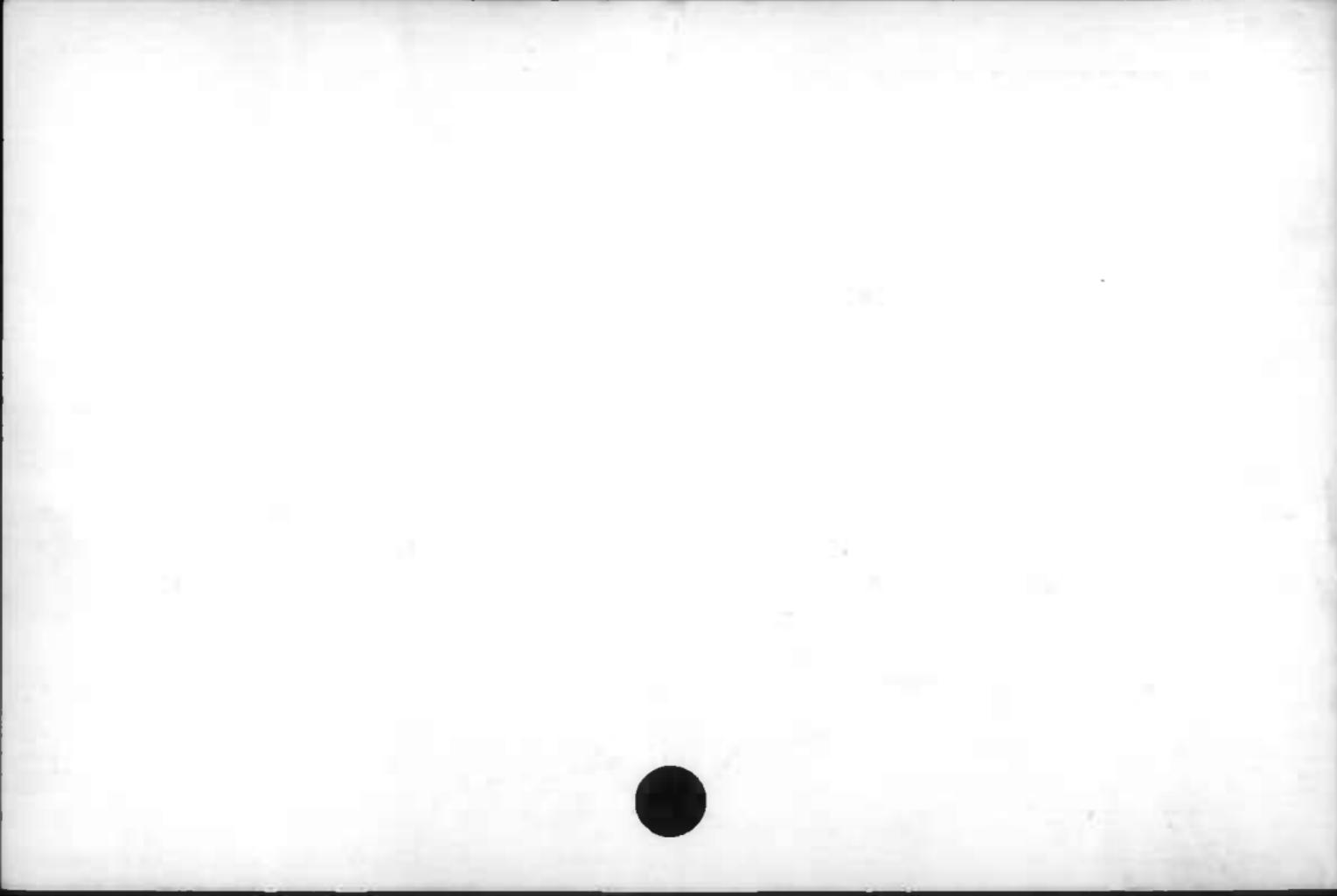
Signature of Physician

Address

Dr. J. E. Lansbury  
Forestville  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Walter James

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1909	Month April	Day 16	Age 13	Years	Month	Day
Sex	Male	Color or Race	Colored		Birth-place	Md	
Occupation	Inmate		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Birthplace	Md	
Father's Name	Edward James				Mother's Birthplace	Md	
Mother's Maiden Name	Lansdajames				How related to deceased	Supt	
Name of person giving Information	John B Pyers						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

6 days

Immediate

Asphyxia

1 day

Are the name, age, sex, color, date and place correctly given above?

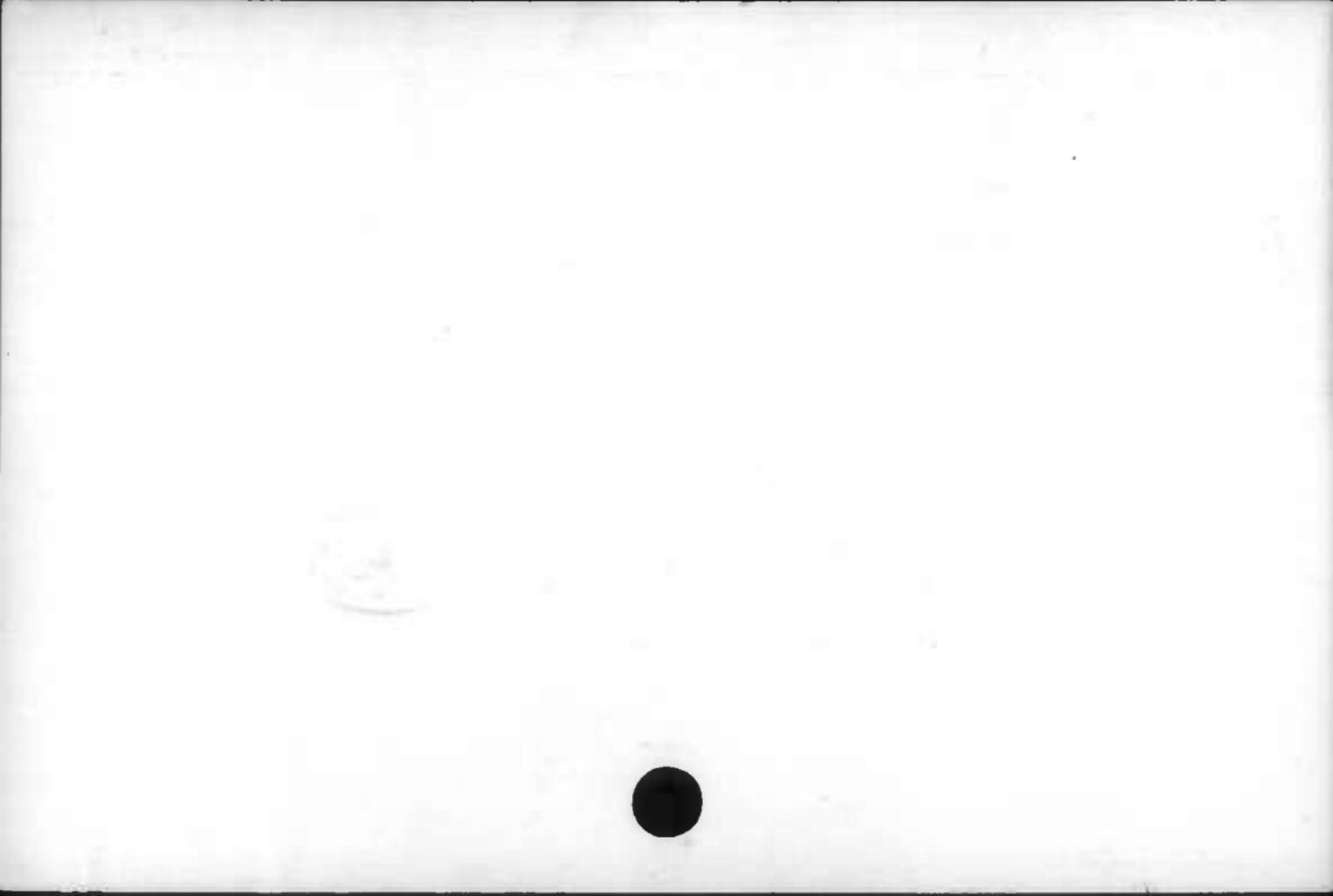
yes

Signature of Physician

Address

W. H. Gibbons  
Crown Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Chas. A. Jones

CERTIFICATE OF DEATH

Died at		Town	State	County	Place			
Date of death	Month	Day	Years	Age	Months	Days		
Sex	Male	Color or Race	White.					
Occupation	Minister -		Where Residing if not at place of death Baltimore Md					
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Catherine					
Father's Name	Andrew List Jones		Father's Birthplace N.Y.					
Mother's Maiden Name	Mary Anne Jones.		Mother's Birthplace Va.					
Name of person giving information	D. C. Jones		How related to deceased Son					

CAUSES OF DEATH

64

Primary	Senile Melancholia	
Immediate	Aphexy	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
Accident or Suicide?		





Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Burtavill

X

CERTIFICATE OF DEATH

Died at Laurel		Town	B.C.		County	MARYLAND	
Date of death 1909	Month April	Day 27	Age 54	Years	Months	Days	
Sex Male	Color or Race White	Where Residing if not at place of death		Birthplace unknown			
Occupation Barber	Name of Wife or Husband: Rose Burtavill		Father's Name unknown			Father's Birthplace unknown	
Married, Single or Widowed Married	Mother's Maiden Name unknown		Mother's Name unknown			Mother's Birthplace unknown	
Name of person giving information Rose Burtavill		How related to deceased Wife					

CAUSES OF DEATH

79

Primary

Valvular heart disease

18 months

Immediate

Arteritis

How long

2 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

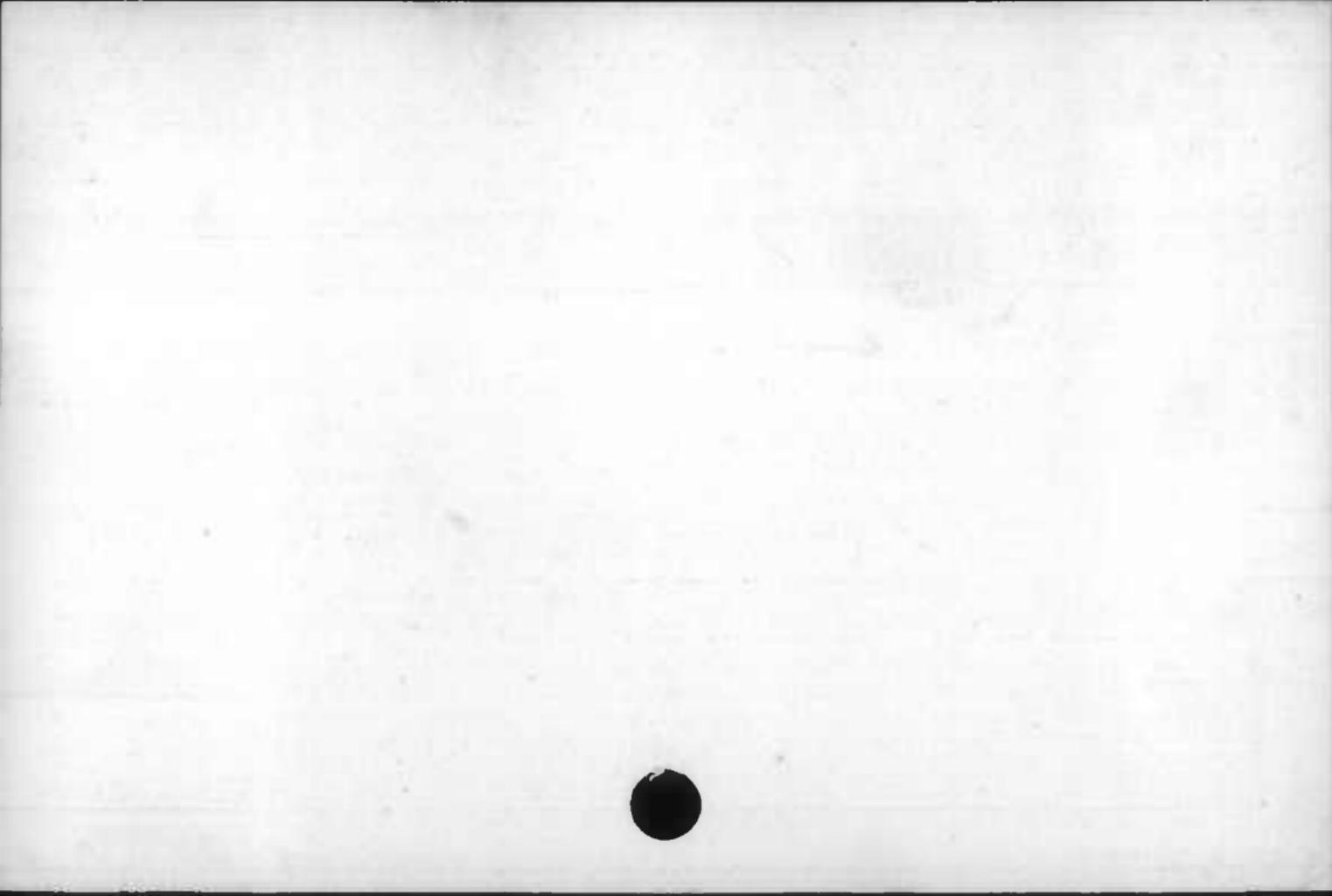
Signature of Physician

Address

Dr. Taylor

Laurel Md

Accident or Suicide?



Name  
in  
Full

Zahsha Adler

CERTIFICATE OF DEATH

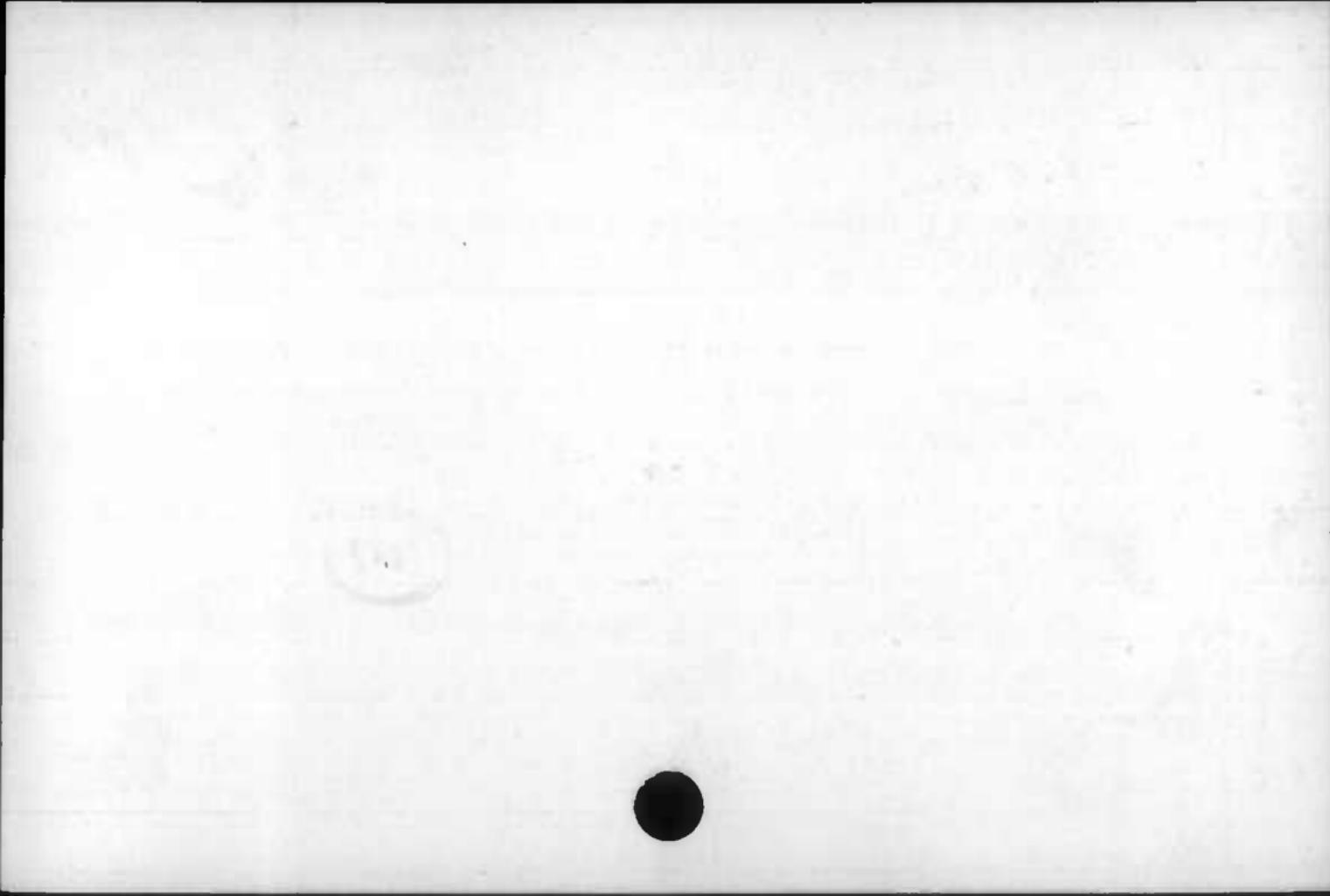
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Taunee</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>4</u>	Day <u>11</u>	Age <u>70</u>	Years <u>70</u>	Months <u>3</u>	Days <u>17</u>		
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Ind</u>				
Occupation <u>No</u>	Where Residing if not at place of death <u>Taunee Ma</u>							
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>Elwin Larson</u>			Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Matilda Brumner</u>			Mother's Birthplace <u>—</u>					
Name of person giving information <u>Ernest Larson</u>			How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

Primary <u>Bronchitis</u>	How long <u>90</u>
Immediate <u>Failure Vital Forces</u>	How long <u>Two Weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Larson M.D.</u>
	Address <u>Laurel P. G. Co. Md.</u>
Accident or Suicide?	



Name  
in  
Full

Ellen B. Marlow

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Laurel

County

De Co

MARYLAND

Date  
of death

1909

Month

April

Day

29

Years

33

Months

2

Days

7

Age

Sex

Female

Color or  
Race

white

Birth-  
place

Ind

Occupation

Housewife

Where Residing if not  
at place of death

Laurel

Married, Single  
or Widowed

grs

Name of Wife or  
Husband

Elo Marlow

Father's  
Name

John Hammard

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Mary E. Soper

Mother's  
Birthplace

Ind

Name of person giving  
Information

Elo Marlow

How related  
to deceased

Husband

CAUSES OF DEATH

137

How long

Primary

Puerperal Septicemia

6 days.

Immediate

Peritonitis

3 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

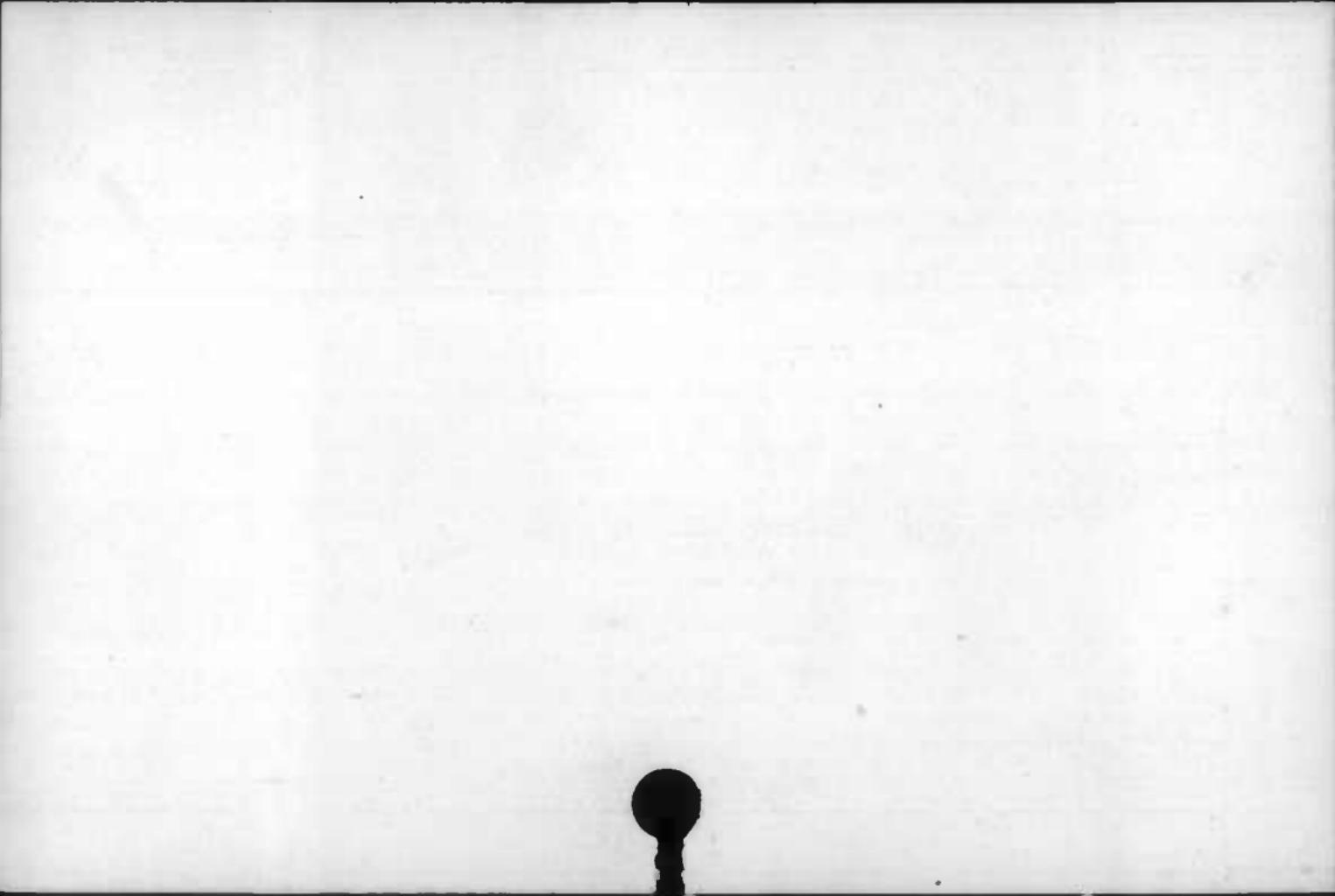
Signature of  
Physician

Address

Dr. Nault  
Laurel

PHYSICIAN  
OR CORONER

Accident or Suicide?



Lillie Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6

Died at <b>Marlboro Pike</b>		Town	County <b>Prince George's</b>	MARYLAND		
Date of death <b>1909</b>	Month <b>April</b>	Day <b>20</b>	Years <b>45</b>	Months <b>—</b>	Days <b>—</b>	
Sex <b>female</b>	Color or Race <b>colored</b>	Birth-place <b>Md</b>				
Occupation <b>house - duties</b>	Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>widow</b>	Name of Wife or Husband <b>John Matthews (deceased)</b>					
Father's Name <b>Brooke Berry</b>	Father's Birthplace <b>Md</b>					
Mother's Maiden Name <b>Maria Tolney</b>	Mother's Birthplace <b>Md</b>					
Name of person giving information <b>James Matthews</b>	How related to deceased <b>son</b>					

## CAUSES OF DEATH

40

Primary

*carcinoma of stomach*How long **unknown**

Immediate

*asthma*How long **6 hours -**

Are the name, age, sex, color, date and place correctly given above?

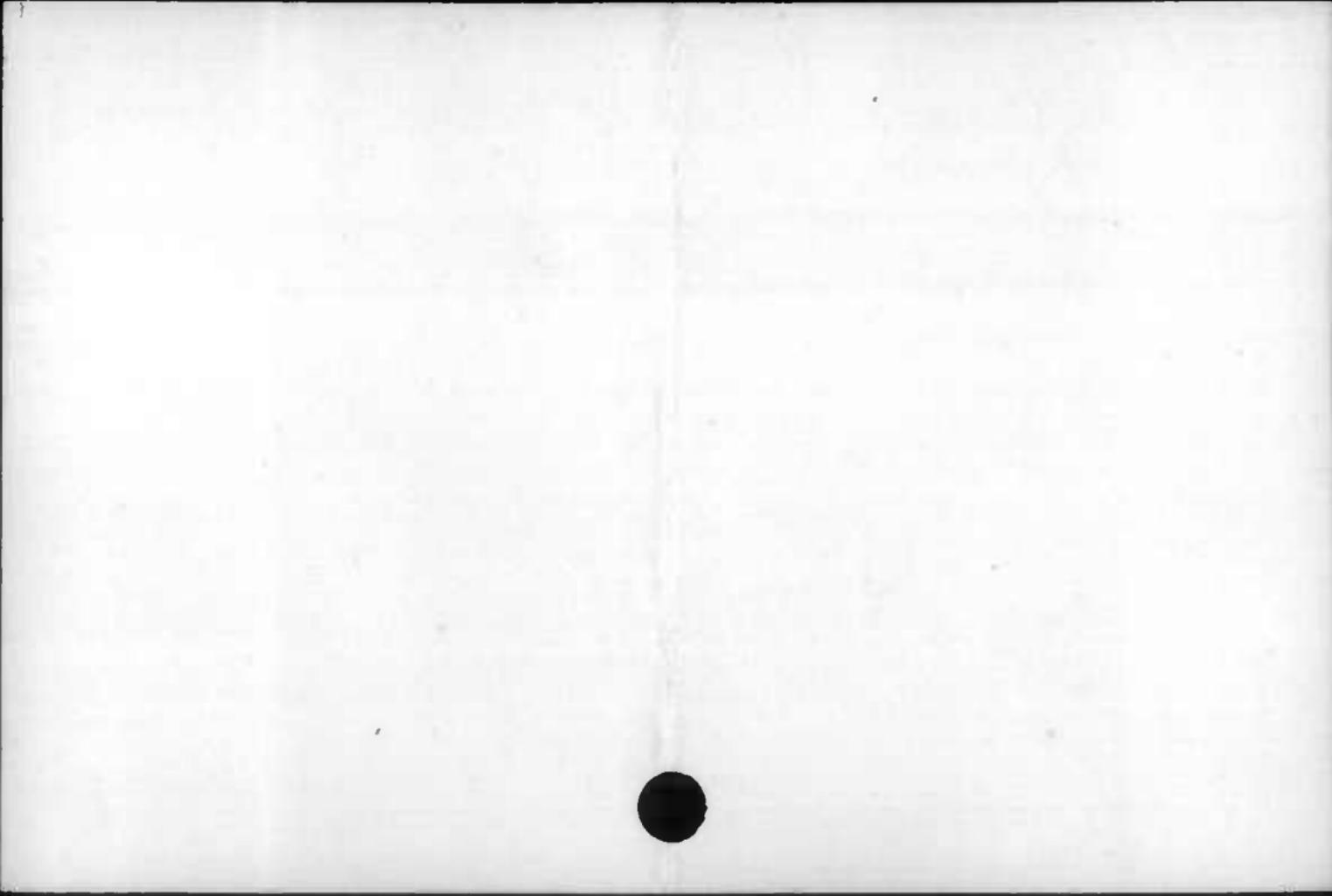
*yes*

Signature of Physician

Address

*Z. M. Brady  
Kensington, D.C.*

Accident or Suicide?



Name  
in  
Full

Philip  
Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at Leeland	29	X		
Date of death 1909 April	Month	Day	Years	Months
Sax Male	Color or Race	white	Age 45	Days 51
Occupation R.R. Co - Hand	Where Residing if not at place of death			Birth-place Charles Co. Md
Married, Single or Widowed Married	Name of Wife or Husband	Avis Moran		
Father's Name William E. Moran	Father's Birthplace			Chas Co Md
Mother's Maiden Name Moran	Mother's Birthplace			Chas Co.
Name of person giving Information Sarah A. Moran	How related to deceased			Widow

PHYSICIAN  
OR CORONER

Primary

Congestion of brain  
Chemical injury, R.R. accident -

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

14

How long

than all day  
less than a week

How long

La Gaffet  
Upper Marlboro Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harriet A. Moss.

Town  
Hyattsville

County

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death Month Day Years Months Days  
1909 April 30th 58 0 0 0

Sex Female Color or Race Colored

Birth-place Va

Occupation Housekeeper Where Residing if not at place of death Hyattsville

Married, Single or Widowed Widow Name of Wife or Husband Rubin E. Moss

Father's Birthplace Va

Father's Name R. Gearing

Mother's Birthplace Va

Mother's Maiden Name Hester McPherson.

How related to deceased Daughter

Name of person giving Information Lizzie Moss, Kent.

CAUSES OF DEATH

Primary

Endocarditis

79

How long

many years

Immediate

Pulmonary edema

How long

3 day

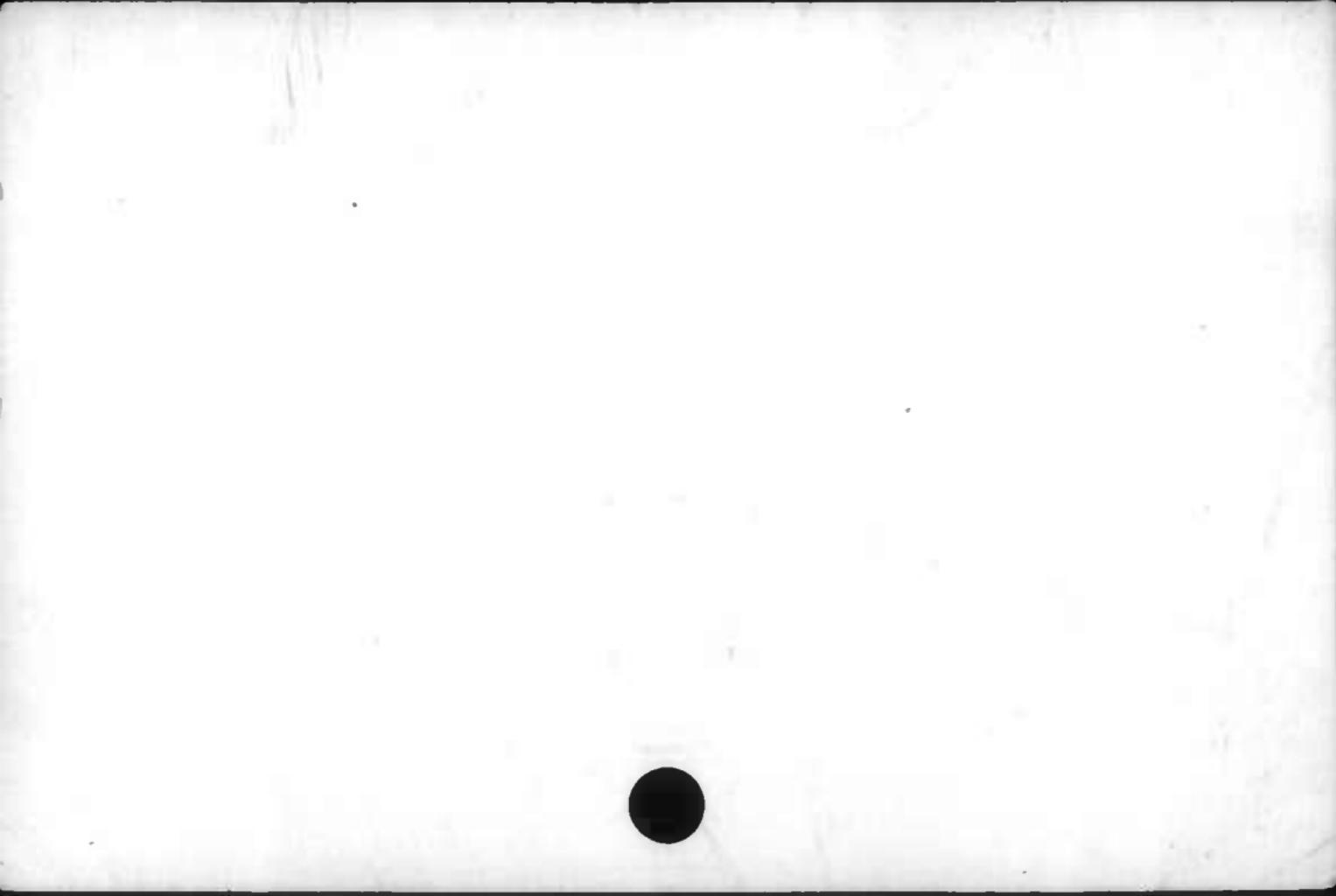
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Robinson  
Hyattsville

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<b>William Alphonse Obold</b>				<b>CERTIFICATE OF DEATH</b>		
Died at <b>Tuxedo</b>		Town		County <b>P. George</b>		<b>X</b>
Date of death <b>1909 April 1</b>	Month	Day	Age <b>—</b>	Years	Months	Days
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Mos.</b>			
Occupation <b>Infant</b>	Where Residing if not at place of death <b>at place of death</b>					
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>		Father's Birthplace <b>D. C.</b>			
Father's Name <b>William X. Obold</b>	Mother's Birthplace <b>Mos.</b>					
Mother's Maiden Name <b>Amelia C. Grigling</b>	How related to deceased <b>Father</b>					
Name of person giving information <b>William X. Obold</b>						

**CAUSES OF DEATH**

**104**

PHYSICIAN  
OR CORONER

Primary

**Haemorrhage from Stomach and bowels**

How long

**8 hours**

Immediate

**Exhaustion**

How long

**1 hour.**

Are the name, age, sex, color, date and place correctly given above?

**yes**

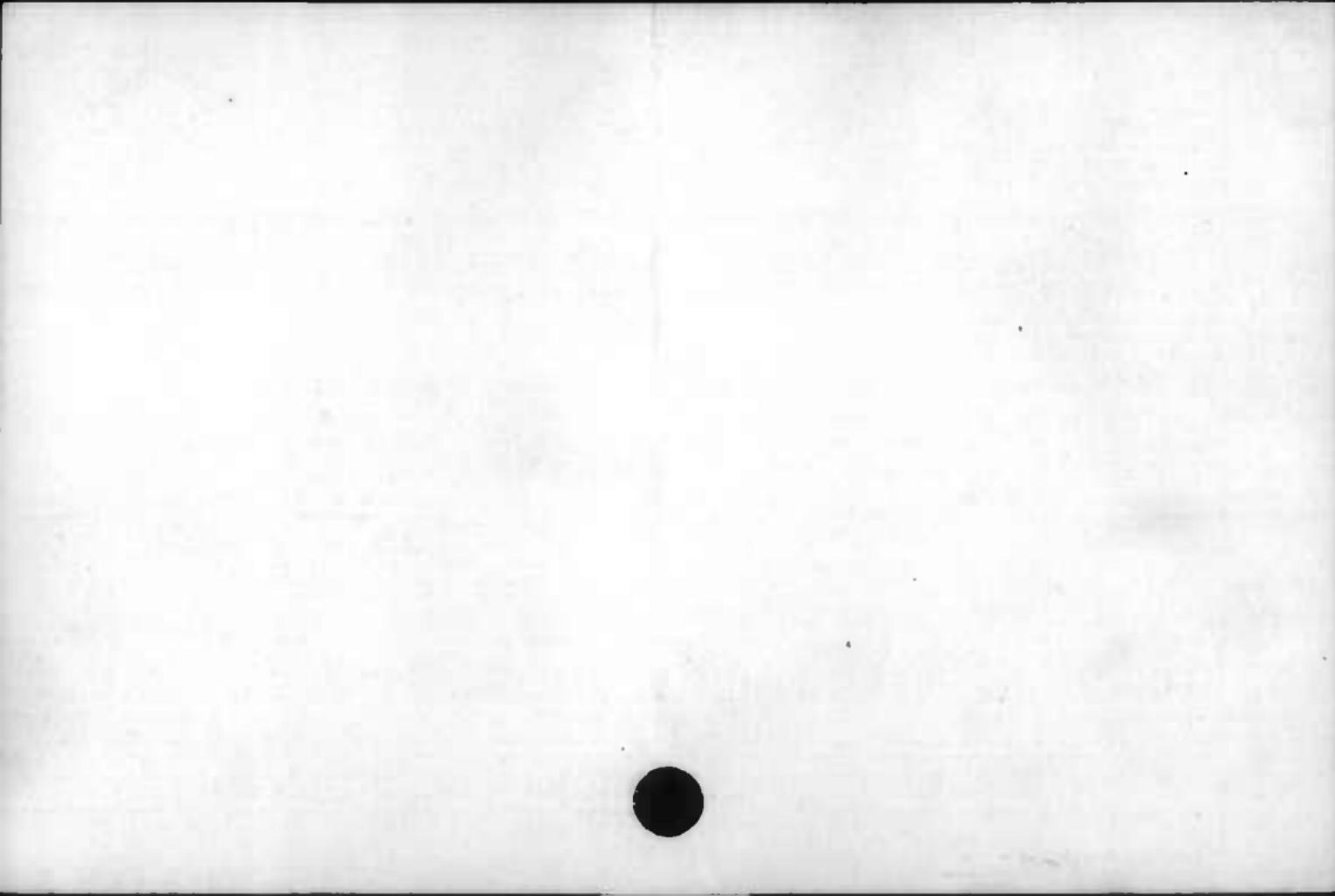
Signature of Physician

Address

**L. S. Savage**

**Benning D. C.**

Accident or Suicide?



Name  
in  
Full

Helen Sophia Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	George S. Phillips			
Father's Name	Jabes Kinney.		Father's Birthplace	Vt	
Mother's Maiden Name	Mary Kinney.		Mother's Birthplace	Vt.	
Name of person giving Information	Mrs. Boyington		How related to deceased	Daughter	

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular heart disease.	How long	6 months.
Immediate	Dyspnoea & Exhaustion	How long	One hour.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	P.A. Schoonover
		Address	Benning Dec.
Accident or Suicide?			

Wm H. Sards place

Glenwood Cemetery

Name  
in  
Full

Nancy Ella Pratt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month apr.	Day 1	Years 58	Months 7	Days 22
Sex	female	Color or Race	white	Birth-place	Massachusetts	
Occupation	housewife					Where Residing if not at place of death
Married, Single or Widowed	Widowed	Name of Wife or Husband	Albert Seymour Pratt			
Father's Name	Charles F. Wilcox					Father's Birthplace Mass.
Mother's Maiden Name	Nancy Portlett Holmes					Mother's Birthplace Mass.
Name of person giving information	Edith I. Pratt					How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic mitral disease of heart

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

79

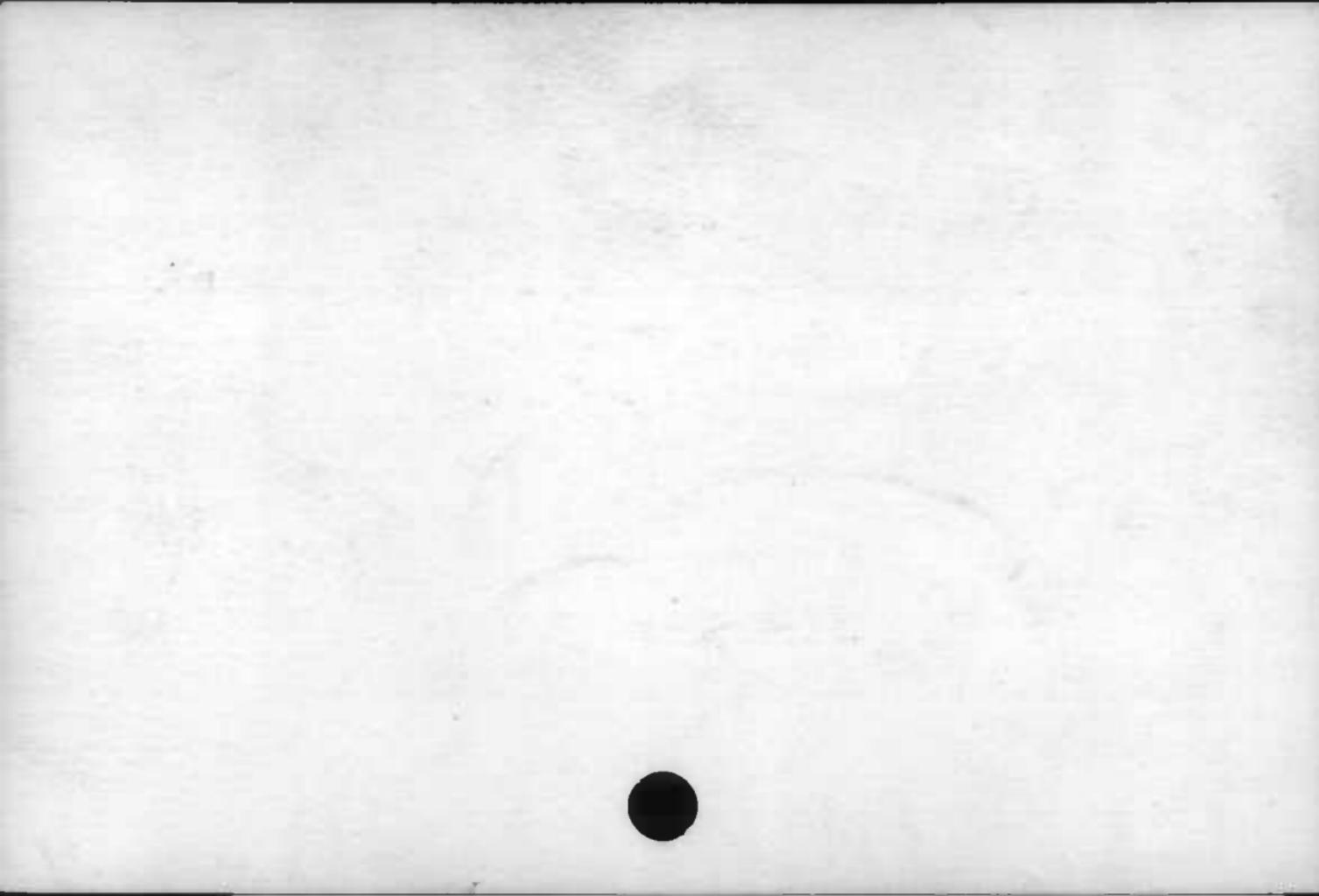
How long

How long

Several years

John Russell M.D.  
Brentwood  
Md.

Accident or Suicide?



Name  
in  
Full

Caroline B Sabry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Persever	Persever	Months	Days	
Date of death	1909	Month	Age	Years	Days
Sex	Female	Color or Race	White	Birth-place	Md?
Occupation	Housewife	Where Residing if not at place of death - at her son's			
Married, Single or Widowed		Name of Wife or Husband	Rufus Sabry		
Father's Name	Gent Gates		Father's Birthplace	Md	
Mother's Maiden Name	Caroline B Gates		Mother's Birthplace	Md	
Name of person giving information	Charles Lovelace		How related to deceased	Grand Son	

CAUSES OF DEATH

154

How long

3 Yrs

How long

Primary

Waiting away

Immediate

came on suddenly + old age

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

6 A. Fox

Baltimore

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John D Scrivener

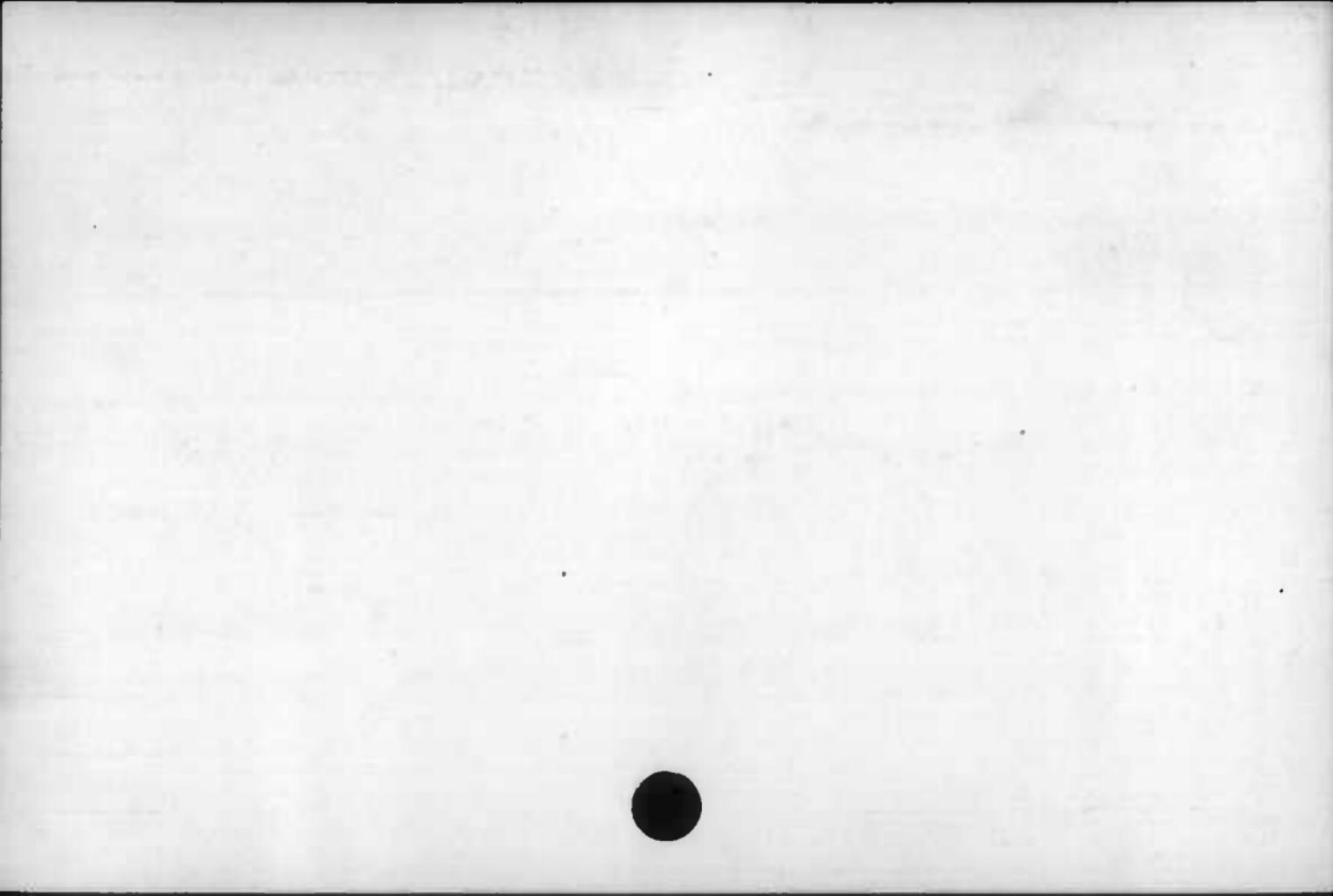
CERTIFICATE OF DEATH

Died at Laurel		Town Princ George	County	MARYLAND		
Date of death 1909	Month April	Day 14 <sup>th</sup>	Years 83	Months —	Days —	
Sex Male	Color or Race white	Birth-place not known				
Occupation None	Where Residing if not at place of death Washington DC.					
Married, Single or Widowed Single	Name of Wife or Husband —					
Father's Name not known			Father's Birthplace not known			
Mother's Maiden Name not known			Mother's Birthplace not known			
Name of person giving Information John E Wilson			How related nephew			

CAUSES OF DEATH

154

Primary Senility; failing for several years	How long —
Immediate Exhaustion, diarrhea	How long two weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Cornelius D. Wilson
	Address Laurel, Maryland
Accident or Suicide? negative	



Name  
in  
Full

Ruth Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Bladensburg

Town

County

MARYLAND

Date  
of death 190

Month

Day

Years

Months

Deys

9 April 13

Age

56

Sex

Female

Color or  
Race

Black

Birth-  
place

Md

Occupation

Domestic

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Levi Simms

Father's  
Name

Charles Haslop

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Thomas

Mother's  
Birthplace

Md

Name of person giving  
Information

John Snell

How related  
to deceased

Step Father

Primary

Cancer of Throat

45

How long

General Malaise

Immediata

Throat Closed gradually

How long

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

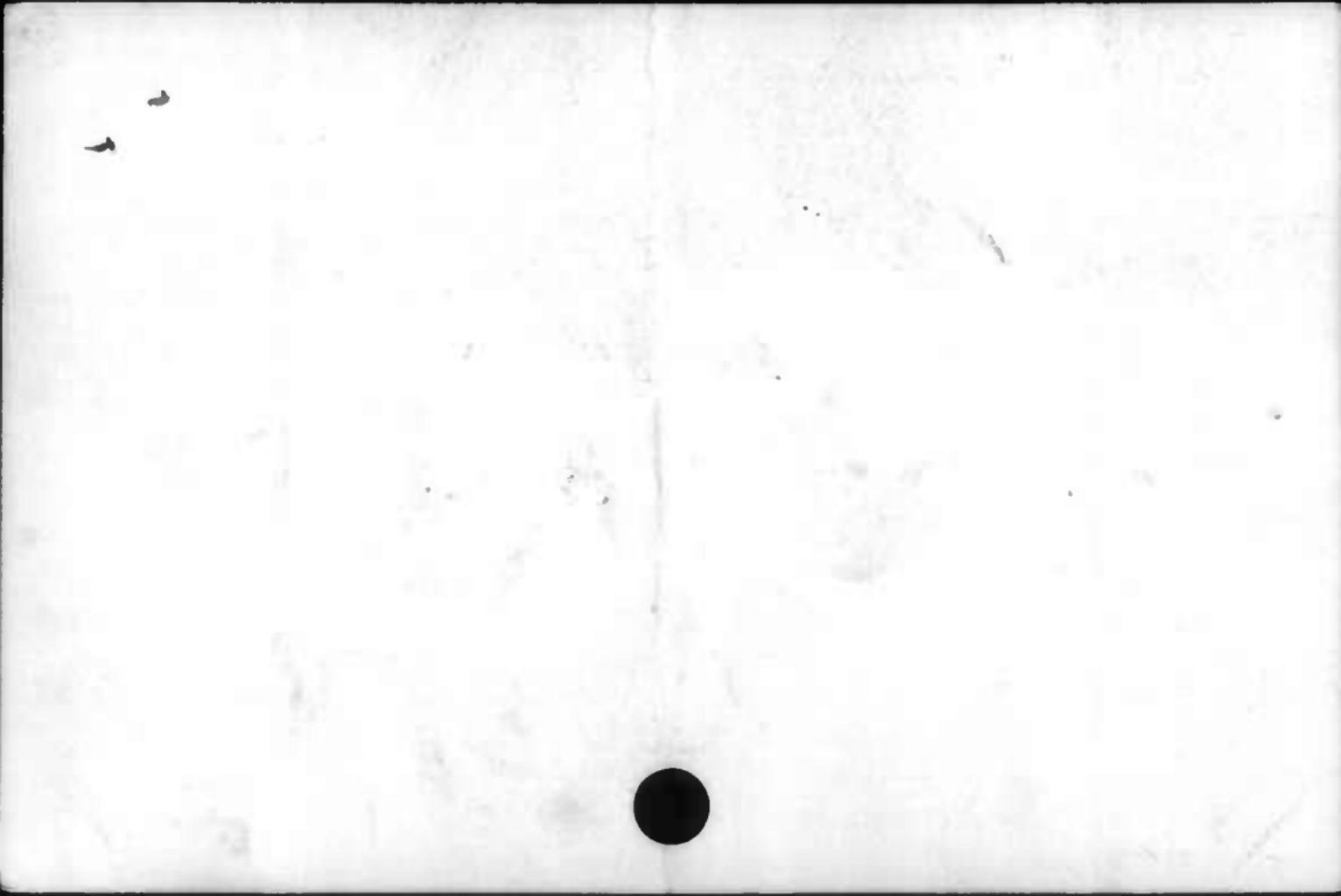
Address

C.W. Birchall MD

Hagerstown Md

PHYSICIAN  
OR CORONER

Accident or Suicida



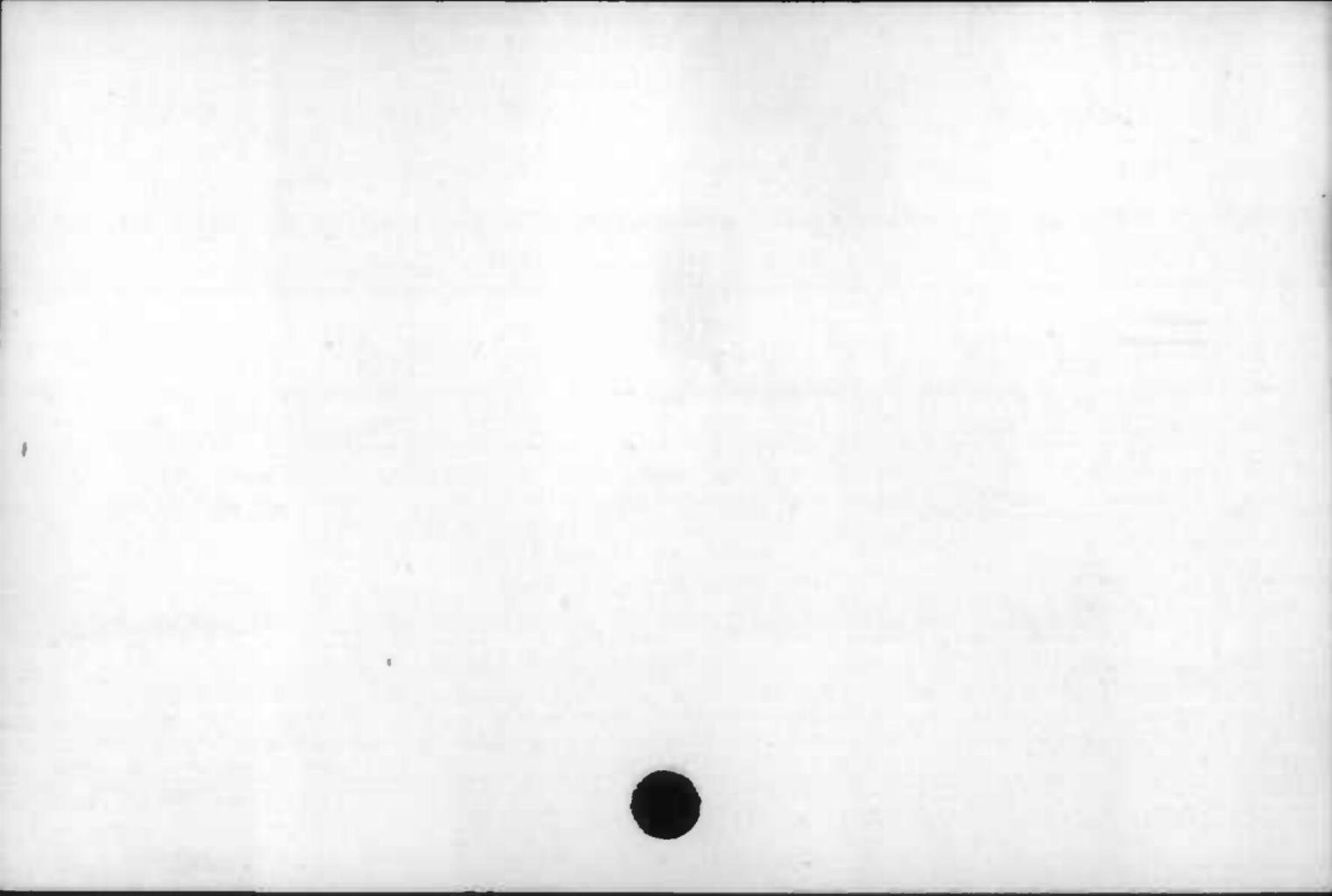
Name  
in  
Full

Louis Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Upper Marlboro		P. G. County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1909	4	6	7	3	—		
Sex	Male	Color or Race	Black	Birth-place	P. G. Co. Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Louis Smith					Father's Birthplace	
Mother's Maiden Name	Alice Hall					Mother's Birthplace	
Name of person giving Information	Louis Smith					How related to deceased	
CAUSES OF DEATH						119	
Primary	Acute Nephritis					How long	2 weeks
Immediate	Coma					How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?						Reverend J. A. Sasser Upper Marlboro Md	
Signature of Physician Address							
Accident or Suicide?							



Name  
in  
Full

John Arthur Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Seat Pleasant D. C. 60

Date  
of death

Month

Day

Years

Month

Days

1909 Apr

13

Age

5

Days

Sex

Color or  
Race

Age

Birth-  
place

Occupation

Black

Md

Male  
Child

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

David Smith

Father's  
Birthplace

Md

Mother's  
Maiden Name

Nellie Williams

Mother's  
Birthplace

Md

Name of person giving  
Information

David Smith

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

4 days

Immediats

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. J. E. Lansbury  
Forestville  
Md.

Accident or Suicid

PHYSICIAN  
OR CORONER

Bent Wilson  
George Gross Wentzler

Name  
in  
Full

Jas. Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
1909	4	12	14
Age			Days
Sex	Male	Color or Race	Birth-place
Occupation	None	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Jas. Snowden	Father's Birthplace	Md
Mother's Maiden Name	Edna Snowden	Mother's Birthplace	Md
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

151

How long

From birth

Immediate

Obstruction

How long

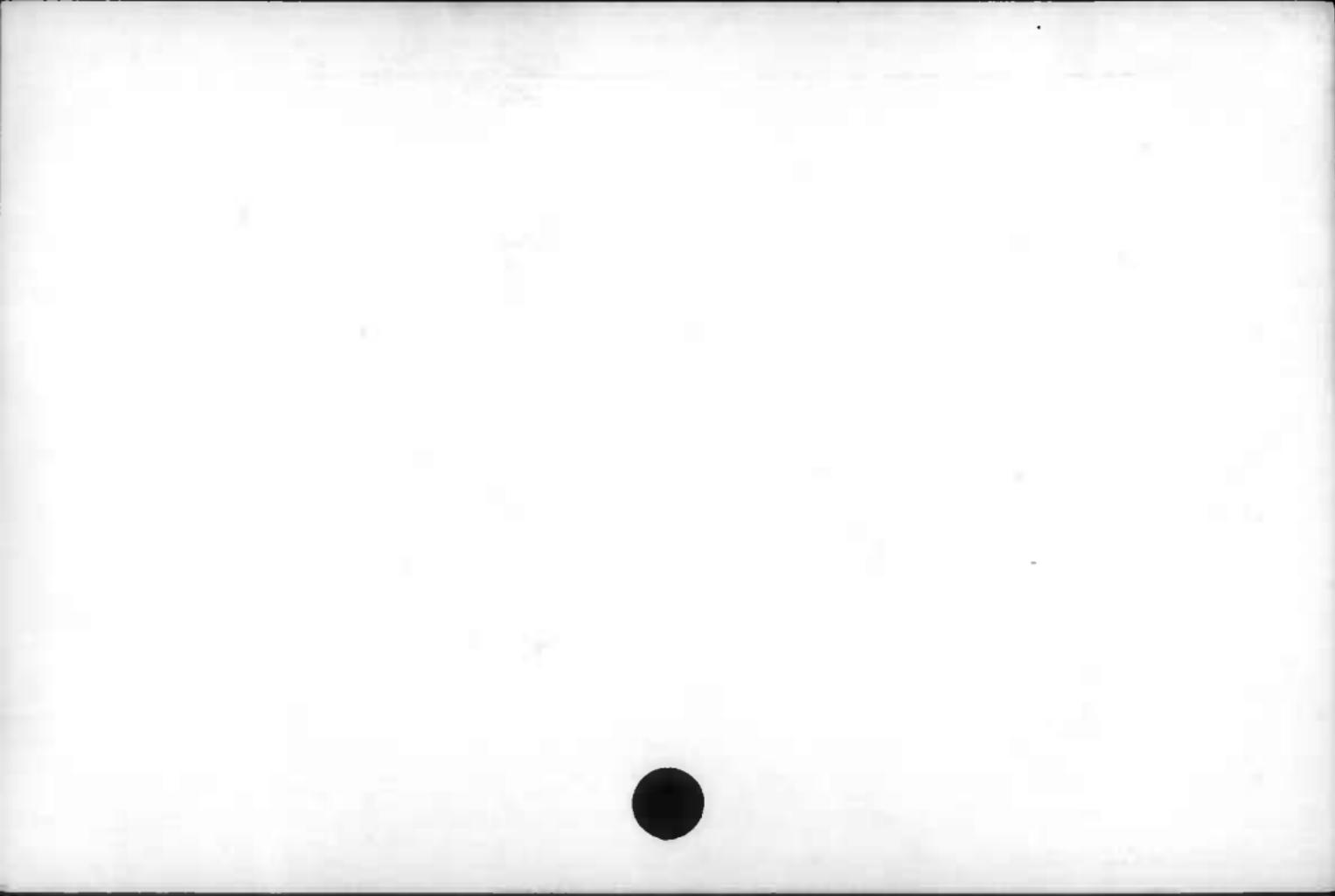
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. F. R. Dunfour  
Mitchellville  
Md

Accident or Suicide



Name  
in  
Full

Charles Alfred Standoff

No 6 -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Place of birth
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Died Da.				
Mother's Maiden Name	Lanham Md.				
Name of person giving information	How related to deceased				

1909 April 9 5 0

Male white Lanham Md.

Place of birth

X

X

Dean W. Standoff

Mary Alberta Harvey

Mary A. Harvey. Mother

CAUSES OF DEATH

Cause unknown

Primary	How long
X	Sudden
Immediate	How long
X	

1892

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
X	P. H. Green, M.D. acting Coroner
Accident or Suicide?	

Q

the



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Philip J. Stebenew  
Town County  
Died at Bloodesbury signed

X CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days

Date of death 1909 Apr 26 Age 18

Months Days

Sex male Color or Race w

Birth-  
place MD

Occupation School boy Where Residing if not  
at place of death ✓

Married, Single or Widowed single Name of Wife or  
Husband

Father's Name Philip J. Stebenew

Father's Birthplace

Mother's Maiden Name Anna Tagett

Mother's Birthplace

Name of person giving  
Information Father

How related  
to deceased

7

How long

How long

Primary

Scarlet fever

5 days

Immediate

Cardiac failure

6 hr

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Philip Kotmer  
Hyattsville

Accident or Suicide

Glenwood D. G.

Name  
in  
Full

Emma Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

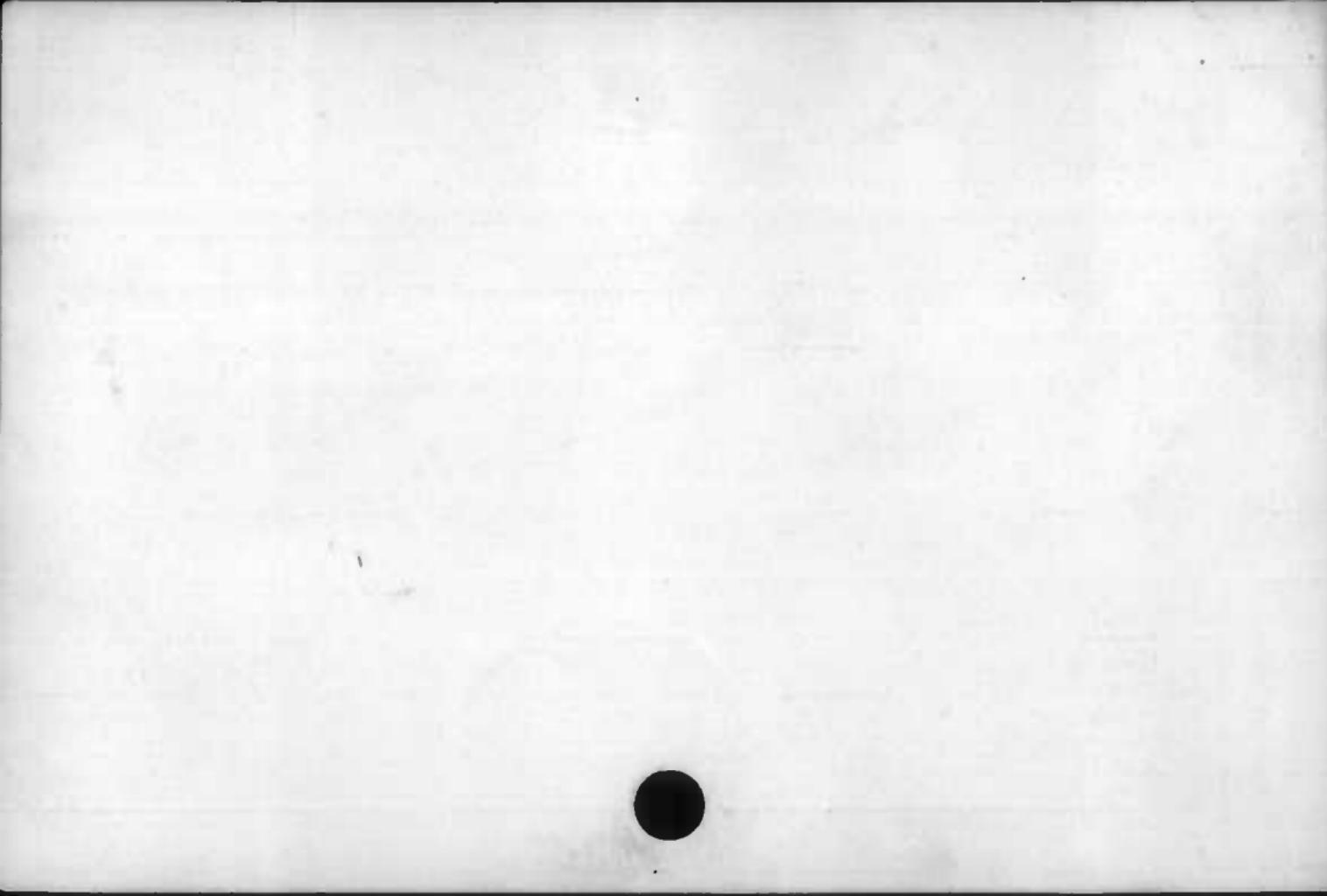
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death		Birth-place	
Occupation	Name of Wife or Husband				
Married, Single or Widowed	Married	Andrew Stewart		Md	
Father's Name	John Clark		Father's Birthplace	Md	
Mother's Maiden Name	Caroline		Mother's Birthplace	Md	
Name of person giving Information	Andrew Stewart		How related to deceased	Husband	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Otthrosis	How long	Don't know
Immediate	Asthma	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ed. H. Gibbons
		Address	Crown Md
Accident or Suicide?			



Name  
in  
Full

Lillian May Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	7			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henry J Stewart					
Mother's Maiden Name	Lizzie Harrison					
Name of person giving Information	Henry J Stewart					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	pneumonia	
Immediate	syncope	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	J. M. Brady Kenilworth DC	

93

How long

3 dgs.

How long

6 hours

Murdele  
Penitown <sup>Gravem</sup> Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Agnes E. Sweeney

County

CERTIFICATE OF DEATH

Died at

Town

Capitol Heights

Princ Georges

MARYLAND

Date

Month

Day

of death

1909

April

17

Years

1

Months

9

Days

—

Age

1

Sex

Female

Color or  
Race

white

Birth-  
place

D. C.

Occupation

infant

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Chas. L. Sweeney

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Margaret M. Wilkinson

Mother's  
Birthplace

Ind.  
father

Name of person giving  
Information

Chas. L. Sweeney

How related  
to deceased

CAUSES OF DEATH

93

Primary

pneumonia

How long

3 days.

Immediate

syncope

How long

6 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. M. Brady  
Kensington D. C.

Accident or Suicide?

Joseph A. Repetto

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William Thomas  
Frostville

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
	Frostville	O. G.			
Date of death	Month	Day	Years	Month	Day
1909	4	27	Age	7	
Sex	Color or Race				
Male	Black				
Occupation	Birthplace				
None	md				

Where Residing if not  
et place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Birthplace

md

Father's  
Name

George Thomas

Mother's  
Maiden Name

Emma Jackson

Mother's  
Birthplace

md

Name of person giving  
Information

George Thomas

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Measles

6

How long

1 week

Immediate

Bronchitis

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

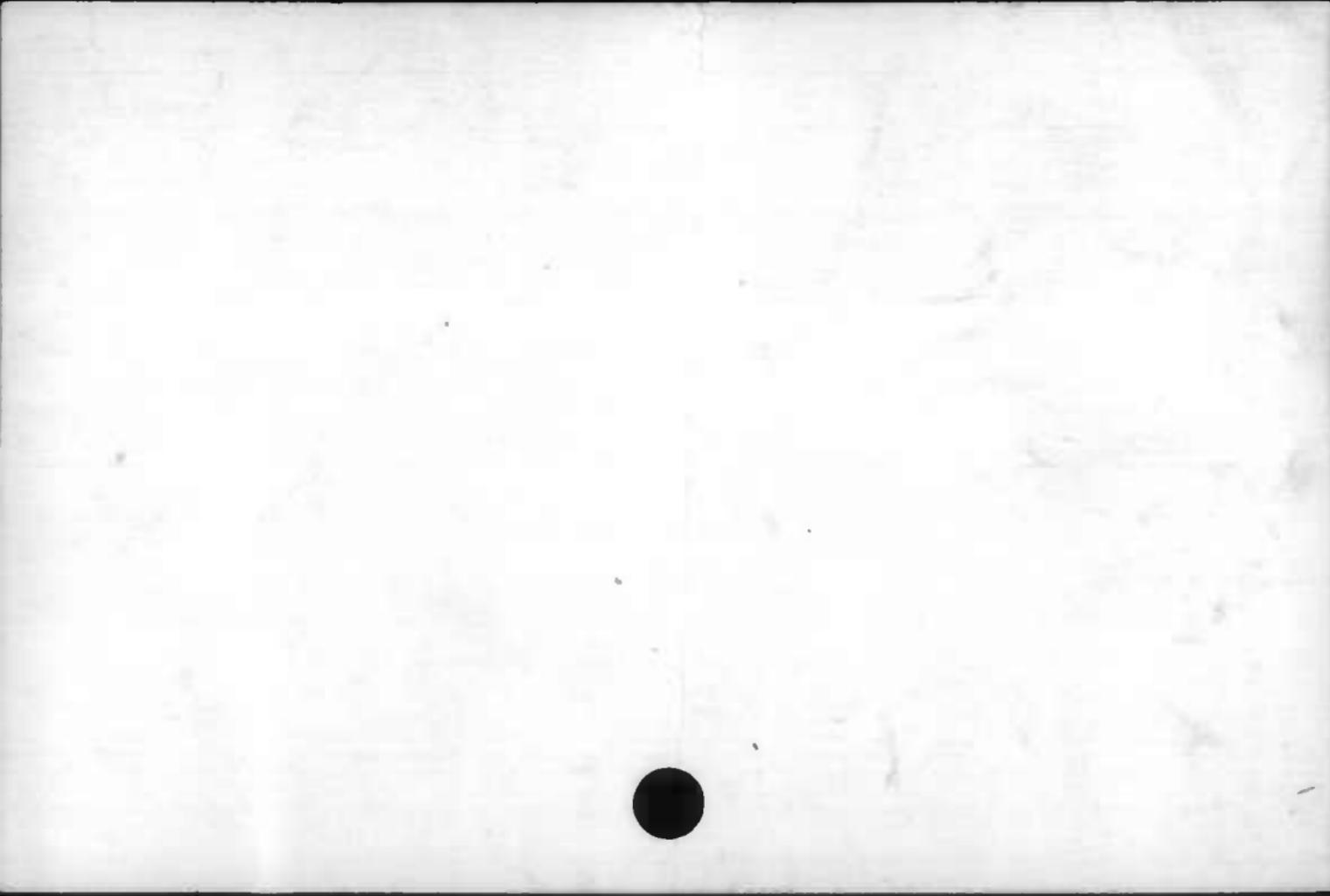
Signature of  
Physician

Address

John E Saunders  
No.  
Frostville Md

Accident or Suicide

neither



Name  
in  
Full

Raymond Newarvel Varnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		Count		
Capital Heights		Prince George's		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Apr.	22	Age	1	
Sex	Color or Race	Birth-place			
male	white	Md.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jessie Varnell				
Mother's Maiden Name	Maud Temple				
Name of person giving information	Jessie Varnell				

CAUSES OF DEATH

93

How long

3 days

How long

1 hr

PHYSICIAN  
OR CORONER

Primary

pneumonia

Immediate

asphyxia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Z M Brady  
Kenilworth Rd.

Accident or Suicide?

Day Valley  
Congressional Cemetery

Name  
in  
Full

Chas E. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	4	17	52	—	—
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	Scott Armstrong				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. J. E. Lansbury  
Forestville  
Md

Accident or Suicide

66

How long

How long

7 yrs



Name  
in  
Full

Elmer White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month April	Day 14	Age 20	Months	Days
Sex	Male	Color or Race	Black			
Occupation	Housewife					
Married, Single or Widowed	Married	Name of Wife or Husband	Edward White			
Father's Name	Frank Chittam					
Mother's Maiden Name	Nancy Henry					
Name of person giving Information	Edward White					

Where Residing if not  
at place of death

Primary

Leaper in child char. Fr

140

How long

Four days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

no

Signature of Physician

Address

John Durall M.D.  
Springfield Mot.

PHYSICIAN  
OR CORONER

Accident or Suicide

Acc



Name  
in  
Full

Virginia T. Wilkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Brentwood Md. Prince George Co

MARYLAND

Date  
of death

Month

Day

Years

Month

Days

1909 April 13

Age 55

our yr

Sex

Color or  
Race

Birth-  
place

Female

Colored

Welden, I.C.

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Welden Wilkins

Father's  
Name

Tom Sandling

Father's  
Birthplace

Welden, I.C.

Mother's  
Maiden Name

don't know

Mother's  
Birthplace

" " " " "

Name of person giving  
Information

Billie Wilkins

How related  
to deceased

Ross

CAUSES OF DEATH

42

How long

4 months

How long

" " "

Primary

carcer of uterus

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

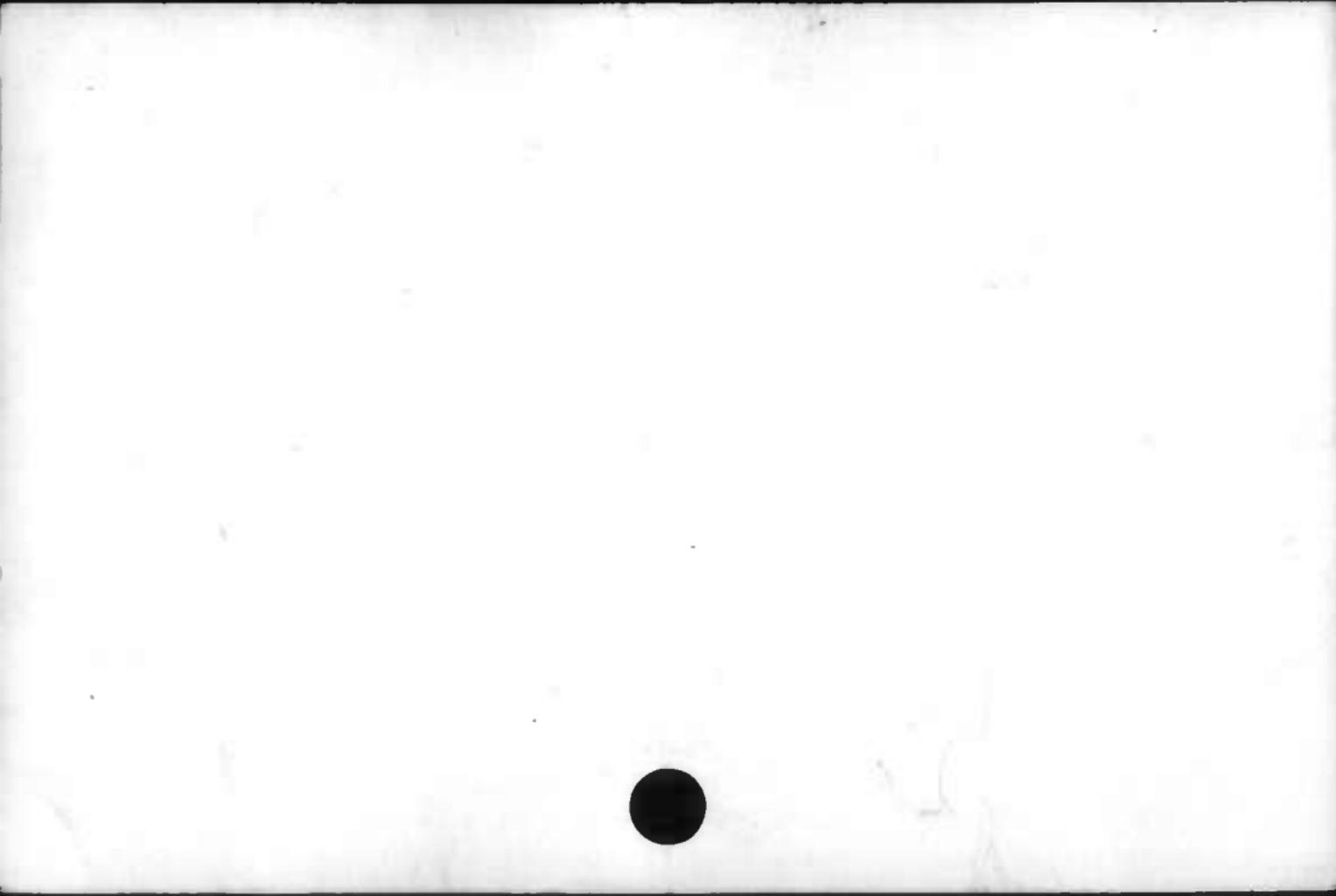
W. T. Wilkins  
Tyrrells  
Md.

PHYSICIAN  
OR CORONER

CO

Accident or Suicide

2nd



Name  
in  
Full

maureen  
Fay J. Williams

X | CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

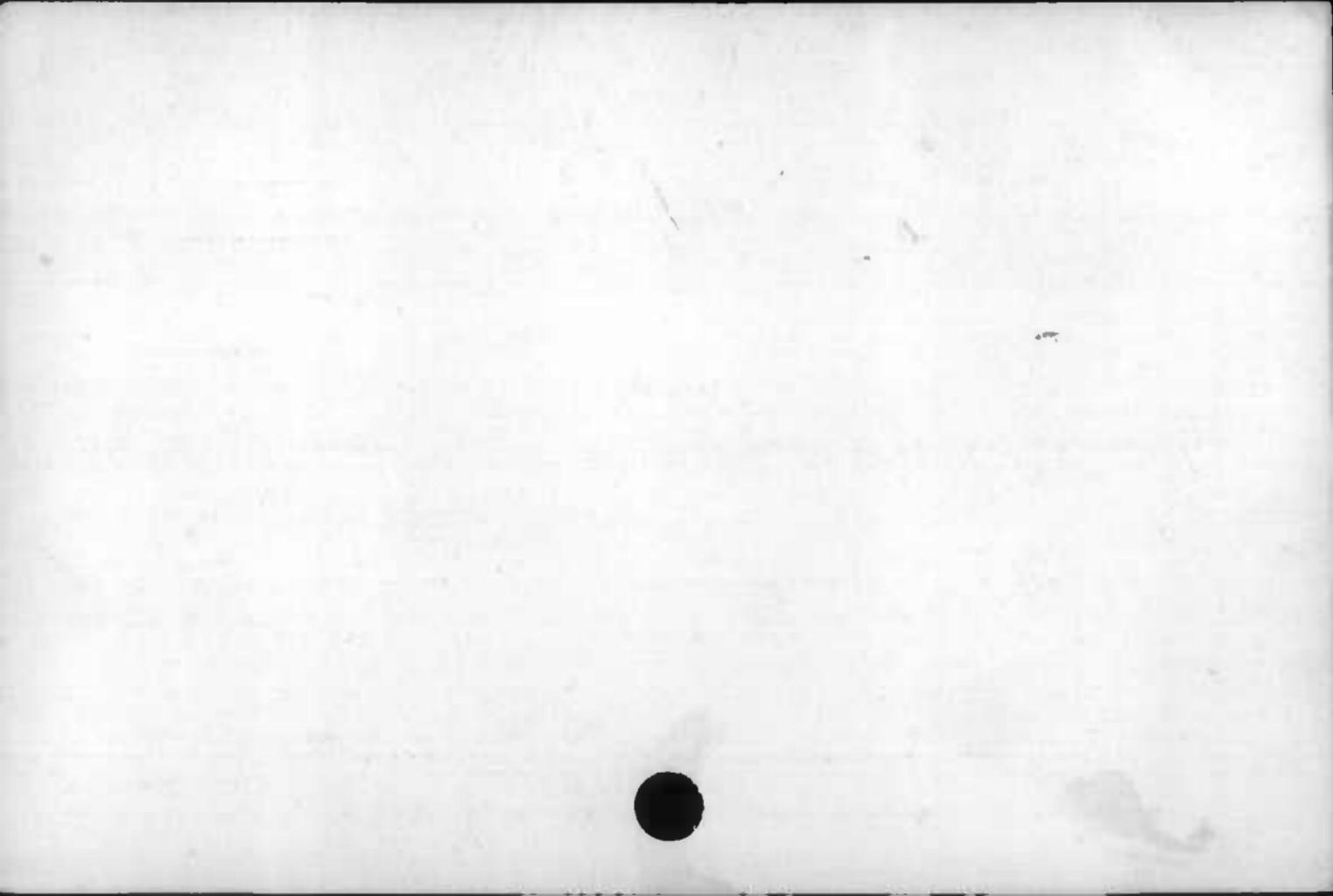
Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	George Williams		
Mother's Maiden Name	Doris Hartman		
Name of person giving information	George Williams		

27

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	
Immediate	Several months	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address
Accident or Suicide?	No.	



Name  
in  
Full

Robert Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

County

MARYLAND

Date  
of death

1909

Month

4

Day

28

Years

33

Months

Days

Sex

male

Color or  
Race

Colored

Birth-  
place

Md

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Agnes Medley

Father's  
Birthplace

Md

Father's  
Name

Dennis Young

Mother's  
Maiden Name

Celia Hall

Mother's  
Birthplace

Md

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

64

How long

Immediate

Cerebral Hemorrhage

How long

a few minutes

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John A. Cor.

Z.B.

Md

Accident or Suicide

